

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90084 025 \*\*\*150.00

**DOCUMENT # P97000052603**

1. Entity Name

**DORIS BERRIZ P A**

Principal Place of Business

**345 MICHIGAN AVENUE  
 APT. 18  
 MIAMI BEACH FL 33139**

Mailing Address

**%GELBER & COMPANY  
 285 NW 199TH ST #204  
 MIAMI FL 33169**

2. Principal Place of Business

**3987 NE 167TH ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**N. MIAMI BEACH, FL**

City & State

City & State

Zip

**33160**

Country

Zip

Country

4. FEI Number

**65-0776742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BERRIZ, DORIS**

**345 MICHIGAN AVENUE  
 APT. 18  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3987 NE 167TH STREET**

City

**N. MIAMI BEACH**

**FL**

Zip Code

**33160**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Doris Berriz*

*7/25/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
**P BERRIZ, DORIS**  
 STREET ADDRESS **345 MICHIGAN AVENUE APT. 18**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
**3987 NE 167TH STREET**  
 STREET ADDRESS **N. MIAMI BEACH, FL 33160**  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Doris Berriz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
#P97000052603  
124102

Attachment

#P97000052603

To whom it may concern:

Because of my change of  
address this did not  
reach me.

Please contact me with any  
questions at 305-7855033.  
Thank you.

Davis