## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2001 8:00 am Secretary of State **DOCUMENT # 403787** 1. Entity Name MARVIN S. BERMAN, INC. 03-20-2001 90061 030 \*\*\*150.00 Mailing Address Principal Place of Business 5700 STIRLING ROAD 5700 STIRLING ROAD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 UU026971 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1424930 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERMAN, MARVIN S Street Address (P.O. Box Number is Not Acceptable) 8049 S.W. 20TH COURT DAVIE FL 33324 Zip Code City 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 **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00..... 9. This corporation is eligible to satisfy its Intangible. \$5.00 Máy Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change TITLE PD ☐ Delete TITLE NAME BERMAN, MARVIN S NAME STREET ADDRESS STREET ADDRESS 8049 S.W. 20TH COURT CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 ☐ Addition Change Change ☐ Delete TITLE SD TITLE NAME BERMAN, LENORE NAME STREET ADDRESS STREET ADDRESS 8049 S.W. 20TH COURT CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 Change Addition ☐ Delete TITLE TITLE VPD1 NAME NAME LYNCH, ILENE H STREET ADDRESS STREET ADDRESS 1700 SW 55TH AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS 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 ther like empowered. changed, or on an attachment with an address,

Marvin S. Berman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/21/01

963-9626