

2002 UNIFORM BUSINESS REPORT (UBR)

0033727 AV

DOCUMENT # 493560

1. Entity Name
MYRON B. BERMAN, P. A.

FILED

02 NOV 25 PM 3:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 21100 N.E. 22 COURT
 MIAMI FL 33180

Mailing Address
~~P.O. BOX 60-1113~~
~~NO. MIAMI BCH FL 33160~~
 21100 N.E. 22 CT.
 MIAMI, FL 33180

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City: Miami, State: FL

City & State
 City: Miami, State: FL

4. FEI Number **59-1729555**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BERMAN, MYRON B ESO
 21100 NE 22 COURT
 N. MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (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 \$150.00
After May 17 2002 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	BERMAN, MYRON B	
STREET ADDRESS	21100 NE 22 COURT	
CITY-STATE-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100009376301 12/05/02--01041--020 **150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 this 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 or changed or on an attachment in addition to my name as officer or trustee empowered.

SIGNATURE: Myron B. Berman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MYRON B. BERMAN**

4/17/2002-305-466-0177

CR2E034 (9/01)

LAW OFFICES OF
MYRON B. BERMAN, Esq.
ATTORNEY-MEDIATOR

420 LINCOLN ROAD
SUITE 258
MIAMI BEACH, FLORIDA 33139

MAILING ADDRESS:
P.O. BOX 60-1113
NORTH MIAMI BEACH, FLORIDA 33160-1113
TEL: (305) 466-0177
FAX: (305) 936-1750

OCTOBER 26, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
TALLAHASSEE, FL 32302-1500

GENTLEMEN:

AS PER MY TELEPHONE CONVERSATION WITH STEVE OF YOUR DEPARTMENT,
I AM ENCLOSING HEREIN A COPY OF CHECK NUMBER 3944 IN THE AMOUNT
OF \$150.00 SENT TO YOUR OFFICE ON APRIL 17, 2002 WITH THE 2002
UNIFORM BUSINESS REPORT FILED ON THAT DATE AS WELL. A COPY
OF SAID REPORT IS ENCLOSED AS WELL.

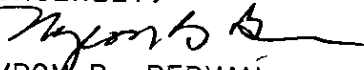
ALSO ENCLOSED PLEASE FIND A REPLACEMENT CHECK #4108 IN THE AMOUNT
OF \$150.00 AS YOUR OFFICE STATED THAT THE CHECK AND REPORT WERE
NOT RECEIVED AND AFTER CHECKING WITH MY BANK, THE SAME HAS NOT
CLEARED.

DUE TO THE FACT THAT THE REPORT AND FEE WERE SENT ON TIME I
HEREBY REQUEST THAT ANY LATE FEE DUE BE WAIVED.

PLEASE NOTE THAT THE MAILING ADDRESS HAS BEEN CHANGED FOR FUTURE
CORRESPONDENCE.

THANK YOU FOR YOUR COOPERATION.

SINCERELY,


MYRON B. BERMAN

MBB/R
ENCS.
SENT: VIA AIRBORNE EXPRESS