## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 17, 2001 8:00 am Secretary of State **DOCUMENT # 509184** 1. Entity Name LAW OFFICES OF BRYSON AND BERMAN, P.A. 01-17-2001 90083 010 \*\*\*150 00 Principal Place of Business Mailing Address 5500 S.W. 70TH AVENUE- 6820 Sw 127 Afre 5500 S.W. 70TH-AVENUE 6820 SW127 AVE Ft. Landon Pala, F1 3330 Fr. Lands-Releas DAVIE-FL-33314 DAVIE FL-93314 ŪS US 33330 3. Mailing Address 2. Principal Place of Business 6820 500 127TH AVE 6820 SW 12774 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ft. Landrolde H. LAUDGROAGE Applied For City & State City & State 4. FEI Number 59-1683076 Not Applicable \$8.75-Additional :-5. Certificate of Status Desired **含ろ333**0 33330 SA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRYSON, RODNEY W -5500 S.W. 70TH AVENUE - 6820 SW 127TH MUC Street Address (P.O. Box Number is Not Acceptable) Fr. Landerdele, FL DAVIE FL 99914 6820 S.W. 127TH AGE 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. Codney W. Beyson policable. (NOTE: Registered Agent signature required when re SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **VD** TITLE Change TITLE ☐ Delete NAME BERMAN, MARK S NAME STREET ADDRESS 8380 S.W. 91 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 TITLE ☐ Addition PD TITLE NAME NAME BRYSON, RODNEY W 5500 S.W. 70 AVENUE 6820 S 20 627+7+ 120e 6820 SW 127TH Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Leude dale F1 CITY-ST-7IP DAVIES FL 93314 ... Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE 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 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.

KODNETW. BEYSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: