## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # 603643** 1. Entity Name ISRAEL ABRAMS, P.A. 04-06-2001 90039 036 \*\*\*150.00 Principal Place of Business Mailing Address 1550 NE MIAMI GARDENS DR 1550 NE MIAMI GARDENS DR N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **#507** #507 City & State City & State Applied For 4. FEI Number 59-1402316 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Terry Abrams Berger ABRAMS, ISRAEL Street Address (P.O. Box Number is Not Acceptable) 1550 NE MIAMI GARDENS DRIVE 1550 NE Miami Gardens Driv $\epsilon$ #209 Suite 507 MIAMI FL 33179 Zip Code North Miami Beach 33179 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) 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) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 11. 12. PD Addition TITLE TITLE Delete ABRAMS, ISRAEL NAME NAME Terry Abrams Berger 1550 NE MIAMI GARDENS DR., #200 STREET ADDRESS STREET ADDRESS 1550 NE Miami Gardens Drive CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33179 <u>Beach.</u> Change ☐ Addition Delete TITLE TITLE BERGER, TERRY A NAME NAME 1550 NE MIAMI GARDENS DR., #200 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP N MIAMI BEACH FL 33179 -- Delete - - Change - - Addition -TITLE TITLE ----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Defete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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.