2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603643

1. Entity Name

ABRAMS BERGER & ASSOCIATES, P.A.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90215 005 ***150.00

				GOD WE TRUS				
Principal Place of Business 1550 NE MIAMI GARDENS DR 507 N. MIAMI BEACH FL 33179 US 2. Principal Place of Business		Mailing Address 1550 NE MIAMI GARDENS DR 507 N. MIAMI BEACH FL 33179 US 3. Mailing Address			2			
Suite, Apt.	# etc.	Suite, Apt. #, e	etc.		_	CHECK HEBE IS WAKIN	G CHANGES	
00110; 71ptt 1						CHECK HERE IF MAKING CHANGES A FELNumber — Applied For		
City & State	•	City & State			4. Fr	59-1402316 Not Applicable		
_ Zip	Country	Zip	Coun	try *	5. C	Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent			7. N	ame and Address of New Registered	Agent	
V. Hallio dita Adalosa				Name				
TERRY ABRAM BERGER 1550 NE MIAMI GARDENS DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
SIUTE 507	IIAMI GANDENS DAIVE				" "			
MIAMI FL 33179			City		F	Zip Cod	de	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND I		11.		ADI	DITIONS/CHANGES TO OFFICERS AI	ID DIRECTOR	RS IN 11
	VTS	. D	lelete TITL	E			☐ Change	☐ Addition
NAME Street address	BERGER, TERRY A 1550 ME MIAMIA GARDENS DR S N MIAMI BEACH FL 33179	_	NAM STRI	EET ADDRESS '-ST-ZIP				
TITLE	PD				-		☐ Change	☐ Addition
STREET ADDRESS	BERGER, TERRY A 1550 NE MIAMI GARDENS DRIVE			IE EET ADDRESS '-ST-ZIP				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179.		<u></u>				Change	☐ Addition
TITLE			Delete TITL NAM	l l			#1 0.14.19s	
NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CIT	/-ST-ZIP				
TITLE			Delete	E			☐ Change	Addition
NAME			NAM	II				
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP			☐ Change	Addition
TITLE			Delete TITI				снанус	L.J Adolloil
NAME				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP				
TITLE			Delete TITI	E .			☐ Change	Addition
NAME			NAM	ve				1
STREET ADDRESS	, -	• .		EET ADDRESS				Ì
CITY-ST-ZIP				Y-ST-ZIP	n Continu	119.07/3)(i) Florida Statutes I further i	pertify that the	information

12. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURĘ:

SUSANDUPERSONED

IGNOTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/03

To the Share A