

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90080 003 \*\*\*150.00

**DOCUMENT # 633641**

1. Entity Name

**MERCURY PAINT OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

655 OLEANDER DRIVE  
 HALLANDALE FL 33009

655 OLEANDER DRIVE  
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

435 S. STATE RD 7

435 S. STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FL.

HOLLYWOOD, FL.

Zip

Country

Zip

Country

33023

BROWARD

33023

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, BEN  
 655 OLEANDER DR  
 HALLANDALE FL 33009

Name

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

435 S. STATE RD 7

City

HOLLYWOOD

FL

Zip Code

33023

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

Signature, typed or printed name of registered agent and title if applicable.

(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 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | STD               | <input type="checkbox"/> Delete |
| NAME           | BERMAN, BEN       |                                 |
| STREET ADDRESS | 655 OLEANDER DR   |                                 |
| CITY-ST-ZIP    | HALLANDALE FL     |                                 |
| TITLE          | VD                | <input type="checkbox"/> Delete |
| NAME           | BERMAN, DANIEL    |                                 |
| STREET ADDRESS | 4808 FARRAGUT RD. |                                 |
| CITY-ST-ZIP    | BROOKLYN NY       |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

|                |                     |   |
|----------------|---------------------|---|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| STREET ADDRESS | 435 S. STATE RD 7   |   |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33023 |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| STREET ADDRESS |                     |   |
| CITY-ST-ZIP    |                     |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| STREET ADDRESS |                     |   |
| CITY-ST-ZIP    |                     |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL BERMAN 4-25-01

Date

Daytime Phone #

CR2E034 (10/00)