FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attache

SIGNATURE:

## Feb 11, 2002 8:00 am DOCUMENT # 693790 **Secretary of State** 1. Entity Name 02-11-2002 90099 015 \*\*\*150.00 BERGMAN, SPIEWAK GOTTESMAN & COMPANY, P.A. Principal Place of Business Mailing Address 499 NW 70TH AVE. STE 116 499 NW 70TH AVE. STE 218 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2099983 Not Applicable \$8.75 Additional 5-Certificate of Status Desired... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGMAN, GARRY S. Street Address (P.O. Box Number is Not Acceptable) 499 NW 70 AVE #116 PLANTATION FL 33317 Zip Code City FL 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 wi DATE reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible ion Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE TITLE Change ☐ Addition ☐ Delete NAME BERGMAN, GARRY \$ NAME STREET ADDRESS STREET ADDRESS 1031 N.W. 107TH AVE. CITY-ST-ZIP **PLANTATION FL 33322** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SPIEWAK, MARC A STREET ADDRESS STREET ADDRESS 10815 RICHMOND PL CITY-ST-ZIP CITY-ST-ZIP COOPER CITY\_FL 33026 Delete ☐ Addition TITLE TITLE ☐ Change ALLAN GOTTOS MAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 typic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

er like empowered

ME OF SIGNING OF

SIGNATURE AND TYPED OR PRINTED N