

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90085 048 \*\*\*150.00

**DOCUMENT # F09560**

1. Entity Name

**BERKELL & BERKELL-RAFFERTY, P.A.**

Principal Place of Business

**16100 N.E. 16TH AVENUE  
 SUITE A-1  
 N MIAMI BEACH FL 33162**

Mailing Address

**16100 N.E. 16TH AVENUE  
 SUITE A-1  
 N MIAMI BEACH FL 33162**

2. Principal Place of Business

*16400 NE 30 Avenue*  
 Suite, Apt. #, etc.

3. Mailing Address

*16400 NE 30 Avenue*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*N. Miami Beach, FL*

City & State  
*N. Miami Beach, FL*

4. FEI Number **59-2031006**

Applied For  
 Not Applicable

Zip  
*33160*

Country  
*USA*

Zip  
*33160*

Country  
*USA*

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERKELL, GERALD S.  
 16100 N.E. 16TH AVENUE  
 SUITE A-1  
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name *Berkell-Rafferty, Fran*  
 Street Address (P.O. Box Number is Not Acceptable)  
*16400 NE 30 Avenue*  
 City *N. Miami Beach, FL* Zip Code *33160*

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 *Fran Berkell-Rafferty* *Fran Berkell-Rafferty* *4/20/2001*  
Signature, typed or printed name of registered agent not applicable 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BERKELL-RAFFERTY, FRAN 16100 N.E. 16TH AVENUE N.MIAMI BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Berkell-Rafferty, Fran 16400 NE. 30 Avenue N. Miami Beach, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Fran Berkell-Rafferty* *Fran Berkell-Rafferty* *4/20/2001* *305-945-7561*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)