

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90208 014 ***150.00

DOCUMENT # F60675

1. Entity Name

KLUGER, PERETZ, KAPLAN & BERLIN, P.A.

Principal Place of Business

**1970 MIAMI CENTER
 201 SO. BISCAYNE BLVD. SUITE 1700
 MIAMI FL 33131
 US**

Mailing Address

**1970 MIAMI CENTER
 201 SO. BISCAYNE BLVD. SUITE 1700
 MIAMI FL 33131
 US**

2. Principal Place of Business

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1700

City & State

Miami FL

Zip

33131

Country

US

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1700

City & State

Miami FL

Zip

33131

Country

US

C0038640



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2151212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MIAMI CENTER REGISTERED AGENST INC.
 201 SOUTH BISCAYNE BLVD
 SUITE 1700
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	KLUGER, ALAN J	
STREET ADDRESS	201 SO. BISCAYNE BLVD, SUITE 1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERETZ, STEVEN I.	
STREET ADDRESS	201 SO. BISCAYNE BLVD, SUITE 1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	KAPLAN, ABBEY L.	
STREET ADDRESS	201 SO. BISCAYNE BLVD, SUITE 1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERLIN, HOWARD J.	
STREET ADDRESS	201 SO. BISCAYNE BLVD, SUITE 1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

Howard J. Berlin, Pres.

Date

Daytime Phone #

3-24-01 374 9000

CR2E034 (10/00)