2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am DOCUMENT # F60675 **Secretary of State** 1. Entity Name 03-18-2002 90091 043 ***150.00 KLUGER, PERETZ, KAPLAN & BERLIN. P.A. Principal Place of Business Mailing Address 201 S. BISCAYNE BLVD 201 S. BISCAYNE BLVD **SUITE 1700 SUITE 1700** MIAMI FL 33131 MIAMI FL 33131 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. FÉI Number 59-2151212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIAMI CENTER REGISTERD AGENST INC. Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD **SUITE 1700 MIAMI FL 33131** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Addition KLUGER, ALAN J NAME NAME 201 SO. BISCAYNE BLVD, SUITE 1700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Addition TITLE ۷D Delete TITLE Change Change NAME PERETZ, STEVEN I. NAME STREET ADDRESS STREET ADDRESS 201 SO. BISCAYNE BLVD, SUITE 1700 CITY-ST-ZIP MIMAI FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition TITLE DTS ☐ Delete TITLE NAME NAME KAPLAN, ABBEY L. STREET ADDRESS 201 SO. BISCAYNE BLVD, SUITE 1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Delete ☐ Addition TITLE TITLE BERLIN, HOWARD J. NAME NAME STREET ADDRESS 201 SO. BISCAYNE BLVD, SUITE 1700 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 frustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address

Pres. SIGNATURE AND TYPES OF PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

with all other like empowered.

2002 March 5,

(305) 379-9000

Daytime Phone #