

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000424

1. Entity Name

GAINES, BERLAND INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90006 021 \*\*\*150.00

Principal Place of Business

800 E. CYPRESS CREEK RD., #302  
FT. LAUDERDALE FL 33334

Mailing Address

800 E. CYPRESS CREEK RD., #302  
FT. LAUDERDALE FL 33334-3522

2. Principal Place of Business

2419 E. Commercial Blvd

Suite, Apt. #, etc.

Ste 304

City & State

Ft Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Address

2419 E Commercial Blvd

Suite, Apt. #, etc.

Ste 304

City & State

Ft Lauderdale, FL

Zip

33308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3180808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONKIN, OSCAR

800 E. CYPRESS CREEK RD., #302  
FT. LAUDERDALE FL 33334

Name

Sonkin, Oscar

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

2419 E. Commercial Blvd., Ste 304

City

Ft. Lauderdale

FL

Zip Code

33308

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)

1/21/00

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, 2000 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 NAME ☐ Delete  
SDC  
BERLAND, JOE  
STREET ADDRESS  
1055 STEWART AVE.  
CITY-ST-ZIP  
BETHPAGE NY

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
PD  
ROSENSTOCK, RICHARD  
STREET ADDRESS  
1055 STEWART AVE.  
CITY-ST-ZIP  
BETHPAGE NY

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

Daytime Phone #

CR2E034 (9/99)