

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90158 019 \*\*\*150.00

**DOCUMENT # H88513**

1. Entity Name  
**PEDRO F. BERMAN, INC.**

Principal Place of Business  
**2131 NE 202 ST**  
**N MIAMI BEACH FL 33179**

Mailing Address  
**2131 NE 202 ST**  
**N MIAMI BEACH FL 33179**

**645232**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2610137**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**STONE, DAVID E.**  
**12555 BISCAYNE BLVD., SUITE 222**  
**NO. MIAMI FL 33181**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	STONE, DAVID E.	1401 WEST FLAGLER STREET	<input type="checkbox"/>					
	MIAMI FL							
P	BERMAN, PEDRO F.	2131 NE 202 ST.	<input type="checkbox"/>					
	N MIAMI BEACH FL							
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					

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 **1/22/02** **305 935 1440**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

AV 0070071  
 CR2E034 (9/01)