## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

## FILED **DOCUMENT # K21500** Mar 25, 2000 8:00 am Secretary of State 1. Entity Name EMERALD POINTE OF HOLLYWOOD, INC. 03-25-2000 90010 032 \*\*\*150.00 Mailing Address Principal Place of Business 3101 EMERALD POINTE DRIVE 3990 SHERIDAN STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3656 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0045691 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERMAN, STEVE Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN ST **SUITE 209** HOLLYWOOD FL 33021 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE Change NAME BERMAN, HOWARD B. STREET ADDRESS STREET ADDRESS 3801 NE 207 STREET 801 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL Change ☐ Addition SDT ☐ Delete TITLE TITLE NAME NAME WEIL, MICHAEL J. STREET ADDRESS STREET ADDRESS 3541 N 41 TERRACE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Delete TITLE -☐ Change Addition TITLE ACKERMAN, MARCOS NAME NAME STREET ADDRESS STREET ADDRESS 20281 E COUNTRY CLUB DRIVE CITY-ST-ZIP CITY-ST-7IP N MIAMI BECH FL Change Addition ☐ Delete TITLE TITLE NAME NAME BERMAN, STEVEN B STREET ADDRESS STREET ADDRESS 3990 SHERIDAN ST., #209 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 epon 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 true execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if