

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90042 017 ***150.00

0105044

DOCUMENT # K21500

1. Entity Name

EMERALD POINTE OF HOLLYWOOD, INC.

Principal Place of Business

**3101 EMERALD POINTE DRIVE
 HOLLYWOOD FL 33021
 US**

Mailing Address

**3990 SHERIDAN STREET
 209
 HOLLYWOOD FL 33021
 US**

2. Principal Place of Business

3. Mailing Address

3107 STIRLING ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 209

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33312

U.S.A.

4. FEI Number

65-0045691

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

**BERMAN, STEVE
 3990 SHERIDAN ST
 SUITE 209
 HOLLYWOOD FL 33021**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BERMAN, HOWARD B.	
STREET ADDRESS	3801 NE 207 STREET 801	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	WEIL, MICHAEL J.	
STREET ADDRESS	3541 N 41 TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ACKERMAN, MARCOS	
STREET ADDRESS	20281 E COUNTRY CLUB DRIVE	
CITY-ST-ZIP	N MIAMI BECH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERMAN, STEVEN B	
STREET ADDRESS	3990 SHERIDAN ST., #209	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**3107 Stirling Road
 Suite 204
 Ft Lauderdale, FL 33312**

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 to this address, with all other like empowered.

SIGNATURE:

VP.

STEVE BERMAN, V.P.

3-21-01

(954) 981-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)