

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90078 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # K71981</b>			
1. Entity Name <b>EMERALD POINTE REALTY, INC.</b>			
Principal Place of Business <b>3990 SHERIDAN ST 210 HOLLYWOOD FL 33021 US</b>		Mailing Address <b>3990 SHERIDAN ST 210 HOLLYWOOD FL 33021 US</b>	
2. Principal Place of Business <b>3101 EMERALD POINTE DRIVE</b> Suite, Apt. #, etc. -		3. Mailing Address <b>3107 STIRLING ROAD</b> Suite, Apt. #, etc. <b>SUITE 204</b>	
City & State <b>HOLLYWOOD, FLORIDA</b>		City & State <b>FT. LAUDERDALE, FLORIDA</b>	
Zip <b>33021</b>	Country <b>USA</b>	Zip <b>33312</b>	Country <b>USA</b>
4. FEI Number <b>65-0150187</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BERMAN, STEVEN B 3990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL 33021</b>		7. Name and Address of New Registered Agent Name <b>STEVEN B. BERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3107 STIRLING ROAD</b> <b>SUITE 204</b> City <b>FT. LAUDERDALE, FL</b> <b>FL</b> Zip Code <b>33312</b>	
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 <u><b>STEVE BERMAN</b></u> DATE <b>1-2-01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP BERMAN, HOWARD B 3990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3107 STIRLING ROAD, SUITE 204 FT. LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEIL, MICHAEL J. 3541 NORTH 31ST TERRACE HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BERMAN, STEVEN B 3990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3107 STIRLING ROAD, SUITE 204 FT. LAUDERDALE, FL 33312</b>
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
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
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
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: <u><b>STEVE BERMAN, VICE PRESIDENT</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-2-01</b> Daytime Phone # <b>(954) 981-7744</b>	

CP2E034 (10/00)