

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L60432**

1. Entity Name  
**BERLIN DESIGNS, INC.**

FILED  
02 MAR 25 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
~~3511 GREENLEAF CIRCLE~~      ~~3511 GREENLEAF CIRCLE~~  
~~HOLLYWOOD FL 33021~~      ~~HOLLYWOOD FL 33021~~  
US      US

2. Principal Place of Business      3. Mailing Address  
**19020 NE 20<sup>th</sup> AVE**      **19020 NE 20<sup>th</sup> AVE**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**NMB, FL**      **NMB, FL**

Zip      Country      Zip      Country  
**33179**      **US**      **33179**      **US**

4. FEI Number      Applied For  
**65-0181865**      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

**BERLIN, CHARLES D**  
~~3511 GREEN LEAF CIRCLE~~  
~~HOLLYWOOD FL 33021~~

Name  
Street Address (P.O. Box Number is Not Acceptable) **19020 NE 20<sup>th</sup> AVE**  
City **NMB**      FL      Zip Code **33179**

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 *Charles D Berlin*      DATE **1/29/02**  
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.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **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	<b>PSD BERLIN, DALIA 3511 GREENLEAF CIR HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19020 NE 20<sup>th</sup> AVE NMB, FL 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD BERLIN, CHARLES D. 3511 GREENLEAF CIR HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19020 NE 20<sup>th</sup> AVE NMB, FL 33179</b> <input checked="" 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	<b>300005271253--3</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-04/15/02--01018--013</b> <b>***150.00 ***150.00</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	<b>ITS</b> <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: *Charles D Berlin*      DATE **1/29/02**      DAYTIME PHONE # **305-936-0815**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)