

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97323

1. Entity Name

**BERMAN MORTGAGE CORPORATION**

FILED

00 SEP 25 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

999 BRICKELL AVE  
SUITE 900  
MIAMI FL 33131  
US

Mailing Address

999 BRICKELL AVE  
900  
MIAMI FL 33131  
US

2. Principal Place of Business

3250 MARY STREET

3. Mailing Address

3250 MARY STREET

Suite, Apt. #, etc.

# 308

Suite, Apt. #, etc.

# 308

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0070733

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARK S. MELAND, ESQ.  
200 S. BISCAYNE BLVD.  
2420 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

**FILE NOW!!! FEE IS \$550.00.**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE  Delete  
NAME **D**  
STREET ADDRESS **BERMAN, DANA J**  
CITY-ST-ZIP **3250 MARY ST #308 COCONUT GROVE FL 33133**  
~~900 BRICKELL AVE., NINTH FLOOR~~  
~~MIAMI FL 33131~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100003417341-8**  
**-10/06/00--01103--011**  
**\*\*\*550.00 \*\*\*550.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SP**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

Date

305-241-0600

Daytime Phone #

CR2E034 (5/00)