

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90051 037 \*\*\*150.00

**00046212**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P00000107345	
<b>1. Entity Name</b> JOEL A. BERG INSURANCE CONSULTANTS, INC.	

<b>Principal Place of Business</b> 1640 W.Oakland Park Blvd. Suite 304 Fort Lauderdale, Fl. 33311	<b>Mailing Address</b> 1640 W.Oakland Park Blvd. Suite 304 Fort Lauderdale, Fl. 33311
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<b>2. Principal Place of Business</b> 1640 W.Oakland Park Blvd. Suite, Apt. #, etc. Suite 304	<b>3. Mailing Address</b> 1640 W.Oakland Park Blvd. Suite, Apt. #, etc. Suite 304
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<b>City &amp; State</b> Fort Lauderdale, Fl.	<b>City &amp; State</b> Fort Lauderdale, Fl.
<b>Zip</b> 33311	<b>Country</b> USA

<b>4. FEI Number</b> 65-1063209	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
Joseph P. Klapholz, Esq. Manella & Klapholz, LLP 2500 Hollywood Boulevard Suite 212 Hollywood, Fl. 33020	

<b>7. Name and Address of New Registered Agent:</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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** \_\_\_\_\_ (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**

<b>11. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> P/VP/S/T	<input type="checkbox"/> Delete
<b>NAME</b> BERG, Joel	
<b>STREET ADDRESS</b> 1640 W.Oakland Park Blvd, # 304	
<b>CITY - ST - ZIP</b> Fort Lauderdale, Fl. 33311	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 4/17/01 **Daytime Phone #** 954-730-5877