## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 17, 2003 8:00 am Secretary of State

Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired Status	150.00	
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City & State  A. FEI Number  A. FEI Number  Country  S. Certificate of Status Desired  S. 8.75 Addition Fee Required Fee Required Fee Required  Name  BERGMAN, RICHARD H. ESO.  TITE P80  MIAMI FL 33131  City  FL  Zip Code  1. 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. I am familiar with, and a the obligations of registered agent.  Signature typed or printed name of registered agent and side if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  BERGMAN, RICHARD H  TITLE  MME  MME  MME  MME  MME  MME  City  FL  Zip Code  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change A  Change A  Country  Signer Address  City St. 2P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MME  MME  MME  MME  MME  MME  MME		
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Addition Fee Required  -6. Name and Address of Current Registered Agent Name  BERGMAN, RICHARD H.ESQ.  77. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a state of productions of registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida or printed name of registered agent and side if applicable.  Signature Novell' FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  ITILE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  12. Change AMME  13. The MAME  14. MAME  15. Certificate of Status Desired Agent  15. Certificate of Status Desired Agent  16. Street Address (P.O. Box Number is Not Acceptable)  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  19. Election Campaign Financing  19. Electio		
Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required  .6. Name and Address of Current Registered Agent	olied For Applicable	
BERGMAN, RICHARD H.ESO. 777 BRICKELL AVENUE SUITE 780 MIAMI FL 33131  City  FL  Zip Code  1. 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. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature. Typed or printed name of registered agent and isle if applicable.  (NOTE: Registered Agent signature required when reintaing)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILE  BERGMAN, RICHARD H  777 BRICKELL AVENUE SUITE 780  MIAMI FL 33131  TILE  Delete  ITILE  MAME  MAME    Delete   De	tional	
BERGMAN, RICHARD H.ESQ 777 BRICKELL AVENUE SUITE 780 MIAMI FL 33131  City  FL  Zip Code  21. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  BERGMAN, RICHARD H  777 BRICKELL AVENUE SUITE 780 MIAMI FL 33131  TITLE  MAME  Delete  ITTLE  MAME  MAME  MAME  CITY-SI-ZIP  MIAMI FL 33131		
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TITLE  AME  AME  STREET ADDRESS  STY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes.	Addition	

indicated of this report of supported support is find and adjusted and that my signature shall have the same legal effect as it made under oath; that it am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all effect like empowered.

SIGNATURE:

SIGNATURED REDURED

Date