2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 12, 2003 8:00 am Secretary of State **DOCUMENT #** P02000118445 02-27-2003 90171 048 ***150.00 1. Entity Name BERMAT, INC. Principal Place of Business Mailing Address 3720 INVERRARY DRIVE P.O. BOX 8505 FORT LAUDERDALE FL 33310 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Ζiρ Country Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name MATZENBERGER, CHRISTOF 3720 INVERRARY DRIVE Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 City 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. I am familiar with, and accept SIGNATURE > Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstacing) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE NAME MATZENBERGER, CHRISTOF ☐ Change (10/02)Addition STREET ADDRESS NAME 3720 INVERRARY DRIVE 1D STREET ADDRESS CITY-ST-71P LAUDERHILL FL 33319 CITY-ST-7/P TITLE ☐ Delete TITLE NAME BERTOSSA, RICHARD ☐ Change ☐ Addition NAME STREET ADDRESS 3720 INVERRARY DRIVE 1D STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TELLE Delete NAME TITLE Change NAME Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelste TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(!), 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 changed or on an attachment with an address with all last live efforts as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if CITY-ST-ZIP

FILED

SIGNATURE:

J. GN