

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90024 005 \*\*\*150.00

**DOCUMENT # P93000026164**

1. Entity Name

PROPERTY OWNERS OF BRIARWOOD INC.

Principal Place of Business

C/O DAVID M. ADERMAN  
19600 N.E. 23 AVE.  
NORTH MIAMI BEACH 33 33180  
US

Mailing Address

C/O PAUL BERLIN  
12901 S.W. 15 CT #V212  
PEMBROKE PINES 33 33026  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

\*City &amp; State

City &amp; State

4. FEI Number 65-0391715

Applied For

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, ~~DAVID~~ *Sophie*  
12901 S.W. 15 CT.  
APT V-212  
PEMBROKE PINES FL 33026

Name

Berlin, Sophie  
Street Address (P.O. Box Number is Not Acceptable)

12901 SW 15 CT

APT V-212

City

Pembroke Pines, FL 33026

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

*Paul Berlin*

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.  
(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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME BERLIN, SOPHIE  
STREET ADDRESS 12901 SW 15 CT #V212  
CITY-ST-ZIP PEMBROKE PINES FLTITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD ☒ Delete  
NAME BERLIN, PAUL *Sophie Berlin*  
STREET ADDRESS 12901 S.W. 15TH CT., #V212  
CITY-ST-ZIP PEMBROKE PINES FL 33026TITLE ☒ Change ☐ Addition  
NAME Sophie Berlin  
STREET ADDRESS 12901 S.W. 15 CT V 212  
CITY-ST-ZIP Pembroke Pines, FL 33027TITLE TO ☐ Delete  
NAME ADELMAN, DAVID DR.  
STREET ADDRESS 16680 N.E. 10TH AVE.  
CITY-ST-ZIP NORTH MIAMI BEACH FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPD ☒ Delete  
NAME MENDELS, MICHAEL  
STREET ADDRESS P.O. BOX 770245 N/A  
CITY-ST-ZIP CORAL SPRINGS FLTITLE ☒ Change ☐ Addition  
NAME *new registered agent*  
STREET ADDRESS *S.D. Sophie Berlin*  
CITY-ST-ZIP *12901 S.W. 15 CT V 212*  
*Pembroke Pines FL 33027*TITLE *MENDELS, Michael PRES, Director*  
NAME *15 Maple Ave*  
STREET ADDRESS *Tarrytown, N.Y. 10591*  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPD ☐ Delete  
NAME TONY MORRISON  
STREET ADDRESS 150-77 70 ROAD  
CITY-ST-ZIP #6ATITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied on 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

TD. 3/17/01 (305)944-6669

Date

Daytime Phone #

CR2E034 (10/00)