

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90131 020 \*\*\*150.00

**DOCUMENT # P93000026164**

1. Entity Name

PROPERTY OWNERS OF BRIARWOOD INC.

Principal Place of Business

C/O DAVID M. ADELMAN *ADELMAN*  
~~16680 N.E. 20 AVE~~ *16680 NE 10 AVE*  
 NORTH MIAMI BEACH 33 33162  
 US

Mailing Address

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

2. Principal Place of Business

*16680 NE 10 AVE*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*North Miami Beach, FL*

City & State

4. FEI Number

65-0391715

Applied For

Not Applicable

Zip  
*33162*

Country

*USA*

Zip

Country

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, SOPHIE  
 12901 S.W. 15 CT.  
 APT V-212  
 PEMBROKE PINES FL 33026

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. I am familiar with, and accept the obligations of registered agent.

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERLIN, SOPHIE 12901 SW 15 CT #V212 PEMBROKE PINES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERLIN, SOPHIE 12901 S.W. 15TH CT., #V212 PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADELMAN, DAVID DR. 16680 N.E. 10TH AVE. NORTH MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NRA BURLIN, SOPHIE 12901 SW 15 CT V212 PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDELS, MICHAEL 15 MAPLE AV TARRYTOWN NY 10591	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRISON, TONY 150 77 70 ROAD 6A KEW GARDENS NY 11367	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/02 (305) 944-6669*

Attachment

#P93000026164

978059  
8/14/02

Fla Div of Corporations -

Dear Sir:

Enclosed is a check for \$150<sup>00</sup>

to cover the enclosed form.

Please Note, I never recieved  
and prior forms for this past year.  
and did not realize that we had  
not file.

also please Note the address  
change and may be that is the reason  
I did not receive the forms.

I leave accept this check for  
payments in full and I apologize for  
the delay. We are not usually  
late payers.

Thank you,

Sincerely

ST 200215 David N. Ald