

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # P93000026164

1. Entity Name

PROPERTY OWNERS OF BRIARWOOD INC.



Principal Place of Business

16680 NE 10 AVE
NORTH MIAMI BEACH FL 33162
US

Mailing Address

16680 NE 10 AVE
NORTH MIAMI BEACH FL 33162
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

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, 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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 FL

TITLE ☐ Change ☐ Addition
NAME 000000330433
STREET ADDRESS 04/25/05-80151-024 150.00
CITY- ST- ZIP

TITLE PD ☐ Delete
NAME BERLIN, SOPHIE
STREET ADDRESS 12901 S.W. 15TH CT., #V212
CITY- ST- ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☐ Delete
NAME ADELMAN, DAVID DR.
STREET ADDRESS 16680 N.E. 10TH AVE.
CITY- ST- ZIP NORTH MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NRA ☐ Delete
NAME BURLIN, SOPHIE
STREET ADDRESS 12901 SW 15 CT V212
CITY- ST- ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE PD ☐ Delete
NAME MENDELS, MICHAEL
STREET ADDRESS 15 MAPLE AV
CITY- ST- ZIP TARRYTOWN NY 10591

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VPD ☐ Delete
NAME MORRISON, TONY
STREET ADDRESS 150 77 70 ROAD 6A
CITY- ST- ZIP KEW GARDENS NY 11367

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 10 or Block 11 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

Daytime Phone

4/22/05 3057944-6669