

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073008

1. Entity Name

1850 INVESTMENTS, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90089 037 \*\*\*150.00

Principal Place of Business

2601 S BAYSHORE DR  
19TH FLOOR  
MIAMI FL 33133

Mailing Address

2601 S BAYSHORE DR  
19TH FLOOR  
MIAMI FL 33133-5419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0443776

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

COBER CORPORATE AGENTS INC  
2601 S BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133

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.

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 \$150.00**  
**After MAY 1, 2000 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	DP	<input type="checkbox"/> Delete
NAME	COHEN, JEFFREY M	
STREET ADDRESS	2601 S BAYSHORE DR 19 FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BERKE, MICHAEL A	
STREET ADDRESS	2601 S BAYSHORE DR 19 FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BERNSTEIN, RICHARD N	
STREET ADDRESS	2601 S BAYSHORE DR 19 FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	BRODIE, STEVEN J	
STREET ADDRESS	2601 S BAYSHORE DR 19 FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KONDELL, KAREN P	
STREET ADDRESS	2601 S BAYSHORE DR 19 FL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD N. BERNSTEIN, SECRETARY

4/3/00

Date

(305) 854-5900

Daytime Phone #

CR2E034 (9/99)