FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90361 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005941

1. Entity Name
KAREN BERZOK, C.P.A., P.A.

70044383

Principal Place of Business
311 UNIVERSITY DR.
STE 405
CORAL SPRINGS, FL 33065 US

Mailing Address
311 UNIVERSITY DR.
STE 405
CORAL SPRINGS, FL 33065 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7667 W. Sample Rd	7667 W. Sample Rd
Suite, Apt. #, etc.: #304	Suite, Apt. #, etc.: #304
City & State: Coral Springs FL	City & State: Coral Springs FL
Zip: 33065 Country: US	Zip: FL 33065 Country: US

4. FEI Number: 65-0563998 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERZOK, KAREN
3111 UNIVERSITY DR. STE 405
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: Karen Berzok
Street Address (P.O. Box Number is Not Acceptable): 7667 W. Sample Rd #304
City: Coral Springs FL Zip Code: 33065

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: Karen Berzok DATE: 4/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BERZOK, KAREN		NAME	Berzok, Karen	
STREET ADDRESS	4153 NW 90TH AVE, 103		STREET ADDRESS	7667 W. Sample Rd #304	
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Karen Berzok President 4/14/03 954-971-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #