FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

06-15-2006 90001 001 ***150.00
P95000058022

FILED
06 JUN 26 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000058022

1. Entity Name

Mark J. Berkowitz, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
524 S. Andrews Ave	524 S Andrews Ave
Suite, Apt. #, etc. # 200N	Suite, Apt. #, etc. # 200N
City & State Ft. Lauderdale, Fla	City & State Ft. Lauderdale Fla
Zip 33301 Country USA	Zip 33301 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0652142 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark J Berkowitz

Street Address (P.O. Box Number is Not Acceptable): 524 S. Andrews Ave #200N

City: Ft. Lauderdale FL Zip Code: 33301

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: Mark J. Berkowitz DATE

(Signature, typed or printed name of Registered Agent and date. Required. (NOTE: Registered Agent signature required when changing it)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Berkowitz 524 S. Andrews Ave Ft. Lauderdale, Fla 33301
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark J. Berkowitz Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #