

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077737

1. Entity Name

M C BERMAN APARTMENTS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90054 020 ***150.00

Principal Place of Business

Mailing Address

5361 3RD AVE NW
NAPLES FL 33999

5361 3RD AVE NW
NAPLES FL 34113-1451

2. Principal Place of Business

3. Mailing Address

5355 CORAL WOOD DR

5355 CORALWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0615963

Applied For

Not Applicable

Zip

Country

34119

Zip

Country

34119

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

BERMAN, MATTHEW D
5361 3RD AVE NW
NAPLES FL 33999

Name MATTHEW D. BERMAN

Street Address (P.O. Box Number is Not Acceptable)

5355 CORAL WOOD DRIVE

City

NAPLES,

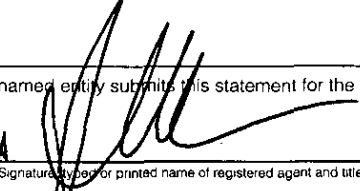
FL

Zip Code

34119

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

3/23/00

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 D ☐ Delete
NAME BERMAN, MATTHEW D
STREET ADDRESS 5361 3RD AVE NW
CITY-ST-ZIP NAPLES FL 33999

TITLE ☒ Change ☐ Addition
NAME 
STREET ADDRESS 5355 CORAL WOOD DRIVE
CITY-ST-ZIP NAPLES, FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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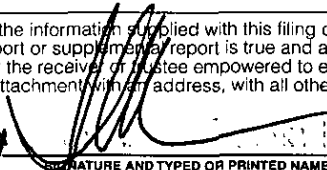
TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 supplementary 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

Date

Daytime Phone #

3/23/00