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 34119-1451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5355 CORAL WOOD DR	5355 CORALWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34119 Country:	Zip: 34119 Country:

4. FEI Number 65-0615963 ☐ 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
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] 3/23/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERMAN, MATTHEW D 5361 3RD AVE NW NAPLES FL 33999 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5355 CORAL WOOD DRIVE NAPLES, FL 34119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 3/23/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #