2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 05, 2001 8:00 am Secretary of State DÓCUMENT # P95000077737 M C BERMAN APARTMENTS, INC. 02-05-2001 90130 015 ***150.00 Principal Place of Business Mailing Address 5355 CORAL WOOD DR 5355 CORAL WOOD DR NAPLES FL 34119 NAPLES FL 34119 D0014086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0615963 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERMAN, MATTHEW D Street Address (P.O. Box Number is Not Acceptable) 5355 CORAL WOOD DR NAPLES FL 34119 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President CR2E034 (10/00) ☐ Delete TITLE ☐ Addition BERMAN, MATTHEW D NAME 5355 CORAL WOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE Secretary ☐ Delete TITLE ☐ Change Parrie JL. Berman NAME Coral Wood Dr. 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information suped with this filing eport is true and pes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure this region as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or suppler of the corporation or the receiver changed, or on an attachment