

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P960000000913

1. Entity Name

Alan R. Berliner, P.A.

FILED

00 NOV 17 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Alan R. Berliner, P.A.
3348 NE 34th Street
Ft. Lauderdale, Fl. 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

224 Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#305

City & State

City & State

Ft. Lauderdale, Fl 33308

Zip

Country

Zip

Country

33308 Broward

4. FEI Number

65-0630893

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

Alan Berliner
3348 NE 34th St
Ft. Lauderdale, Fl 33309

Name

Alan Berliner

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

224 Commercial Blvd #305

Ft. Lauderdale

City

FL

Zip Code

33308

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

11/16/00

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 10

TITLE	Pres	☐ Delete
NAME	Alan R. Berliner	
STREET ADDRESS	3348 NE 34th St	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33309	

TITLE	President	☒ Change ☐ Addition
NAME	Alan R. Berliner	
STREET ADDRESS	224 Commercial Blvd #3055	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33308	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	☐ Change ☒ Addition
NAME	Adrienne Berliner	
STREET ADDRESS	224 Commercial Blvd #305	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33308	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
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CITY-ST-ZIP		

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

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

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 617, 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

11/16/00

TOTAL P.01

CR2F037 (9/98)