2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019106



FILED Aug 10, 2000 8:00 am Secretary of State

08-10-2000 90005 037 ***150.00

1. Entity Name	MANAGEMENT INC.	R
Principal Place of Business	Mailing Address	

12500 GULF BLVD. 12500 GULF BLVD. TRESURE ISLAND FL 33706 TRESURE ISLAND FL 33706 3. Mailing Address 2. Principal Place of Business

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Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	4. FEI Number 59-3366604			Applied For Not Applicable		
Zip	Zip Country Zip		Cour	Country 5.				\$8.75 Additional Fee Required			
-	6. Name	and Address of Current F	legistered Agent			7. N	lame and Address of New Re	lstered A	gent		
					Name		-				
BERK, RICHARD C 12500 GULF BLVD. TRESURE ISLAND FL 33706					Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
8. The above	named entit	v submits this statement for	the purpose of changing it	ts reaister	ed office or re	gistered ag	ent, or both, in the State of Flori	da.		 -	
		,	P P 3	5							
SIGNATURE _	Cionatura tur	or printed name of registered agent ar	ed title if conlingable (A)C	TE: Beauter	ed Agent signature i	required when re	sinstating)	DATE			
	Signature, typeo	or printed name or registered agent an	to the rapplicable. (140	I I E: negistere	AU AUGHIL SIGNALUFE I	required witerine	sa Islamiy)	DAIC			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 20 Make Check Payable to			13, 2000	Min. will be		10. Election Campaign Final Trust Fund Contribution.	ncing		.00 May Be ed to Fees		
11.	OFFICERS AND DIRECTORS 12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P		☐ Delete	TITL	F				☐ Change		
NAME	BERK, P	NCHARD	□ Delete	NAM	I .					_	
STREET ADDRESS		GULF BLVD.			EET ADDRESS						
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



Attachment #194000019106 8/4/00 Derge of Conomitions Chips received an enter votes for ony (UBR) La 150.00 to core the cost of the GRR Thate you for your assisted Rel Berk - Preside Center Capital Monagement