## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P96000041735 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name SAME, INC. 04-13-2000 90089 035 \*\*\*150.00 Principal Place of Business Mailing Address 2601 SOUTH BAYSHORE DRIVE 2601 SOUTH BAYSHORE DRIVE **SUITE 1900 SUITE 1900** MIAMI FL 33133 MIAMI FL 33133-5417 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0668833 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COBER CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR **MIAMI FL 33133** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees XΧ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE COHEN, JEFFREY M NAME NAME 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP **MIAMI FL 33133** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BERKE, MICHAEL A NAME NAME 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition DVP ☐ Change ☐ Delete TITLE TITLE BERNSTEIN, RICHARD N NAME NAME 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRODIE, STEVEN J NAME NAME 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition Change ☐ Delete TITLE TITLE KONDELL, KAREN P NAME NAME 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.