FILED

447-1717

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

RICHARD N.

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. N. BEPNSTEIN, VICE PRESIDENT

SIGNATURE:

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # **P96000041735** 1. Entity Name SAME. INC. 04-07-2001 90015 018 \*\*\*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 2. Principal Place of Business 3. Mailing Address 3628 St. Gaudens Road 3628 St. Gaudens Rd . Suite: Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Coconut Grove, FL Coconut Grove. Applied For City & State 4. FEI Number City & State 65-0668833 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33133 ~ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD N. BERNSTEIN COBER CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 4000 International Place, 100 SE 2nd St. 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR **MIAMI FL 33133** City MIAMI 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 na (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Г Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition CR2E034 (10/00 TITLE TITI F Delete . COHEN, JEFFREY M NAME NAME COHEN, JEFFREY M 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS STREET ADDRESS 3628 St. Gaudens Road CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Coconut Grove, FL 33133 Change ☐ Addition ☐ Delete TITLE TITLE BERKE, MICHAEL A NAME NAME BERKE, MICHAEL A. 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS STREET ADDRESS 13420 SW 98th Ct. CITY-ST-7IP CITY-ST-ZIP MIAMI FL <u>Miami, FL 33176</u> Change Addition :DVP----TITLE TITLE -- -- -- == BERNSTEIN, RICHARD N NAME NAME BERNSTEIN, RICHARD N STREET ADDRESS 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS 10220 SW 142nd St. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Miami, FL 33176 Change TITLE TITLE Addition ☐ Delete BRODIE, STEVEN J NAME NAME BRODIE, STEVEN J. STREET ADDRESS 2601 SOUTH BAYSHORE DR STE 1900 STREET ADDRESS 10260 SW 142nd St. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133: Miami, FL 33176 TITLE ☐ Delete TITLE X Change ☐ Addition DP NAME KONDELL, KAREN P NAME KONDELL, KAREN P STREET ADDRESS STREET ADDRESS 2601 SOUTH BAYSHORE DR STE 1900 2462 Bay Isle Ct. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Weston, FL 33327 ☐ Detete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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