

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90023 039 \*\*\*550.00

**DOCUMENT # P96000041735**

1. Entity Name  
**SAME, INC.**

Principal Place of Business

**3628 ST GAUDENS ROAD  
 MIAMI FL 33133**

Mailing Address

**3628 ST GAUDENS ROAD  
 SUITE 1900  
 MIAMI FL 33133**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0668833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BERNSTEIN, RICHARD N**

**4000 INTERNATIONAL PEACE**

**100 SE 2ND STREET**

**MIAMI FL 33131**

*200 S. Biscayne Blvd.  
 41st Floor*

7. Name and Address of New Registered Agent

Name

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

**200 South Biscayne Blvd., 41st Fl.**

City

**Miami**

**FL**

Zip Code

**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/12/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COHEN, JEFFREY M**  
 CITY-ST-ZIP **3628 ST GAUDENS ROAD  
 COCONUT GROVE FL 33133**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **BERKE, MICHAEL A**  
 CITY-ST-ZIP **13420 SW 98TH COURT  
 MIAMI FL 33176**

TITLE ☐ Delete  
 NAME **DVP**  
 STREET ADDRESS **BERNSTEIN, RICHARD N**  
 CITY-ST-ZIP **10220 SW 142ND STREET  
 MIAMI FL 33176**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BRODIE, STEVEN J**  
 CITY-ST-ZIP **10260 SW 142ND STREET  
 MIAMI FL 33176**

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **KONDELL, KAREN P**  
 CITY-ST-ZIP **2462 BAY ISLE COURT  
 WESTON FL 33327**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*8/12/02*

*(305) 577-1000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)