FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # **P96000093981** Secretary of State 1. Entity Name BERKE, DURANT & ASSOCIATES, INC. 05-01-2001 90021 023 ***150.00 Principal Place of Business Mailing Address 2600 N. MILITARY TRAIL 2600 N. MILITARY TRAIL **BOCA RATON FL 33431 BOCA RATON FL 33431** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0707466 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTHERFORD, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 2600 N. MILITARY TRAIL **FOURTH FLOOR BOCA RATON FL 33431** Zip Code City 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. (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete CEOP TITLE TITLE NAME NAME BERKE, MICHAEL P STREET ADDRESS 5651 CAMINO Del Sol # 300 STREET ADDRESS 6245-OLD-COURT-RD. #201 CITY-ST-ZIP CITY-ST-ZIP BOCO RATION FLORIDA 33433 **BOCA RATON FL 33433** Change TITLE ☐ Delete TITLE **JP**--DIRECTOR NAME NAME STRICKLAND, CARTER M STREET ADDRESS STREET ADDRESS 3220 CANTERBURY DR. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33434 ☐ Change ☐ Addition TITLE TITLE VPC0 ☐ Delete NAME NAME DURANT, MARILYN.C STREET ADDRESS STREET ADDRESS 10090 FANFARE DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.