

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0370865  
AV

**DOCUMENT # P96000093981**

1. Entity Name  
**BERKE, DURANT & ASSOCIATES, INC.**

04-15-2002 90021 006 \*\*\*150.00

Principal Place of Business  
**2600 N. MILITARY TRAIL  
410  
BOCA RATON FL 33431  
US**

Mailing Address  
**2600 N. MILITARY TRAIL  
410  
BOCA RATON FL 33431  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**% RSM McGladrey, Inc  
Suite, Apt. #, etc.  
1555 Palm Beach Lakes Blvd  
City & State **FL 1400**  
West Palm Beach, FL  
Zip **33401** Country **USA****

3. Mailing Address  
**% RSM McGladrey, Inc  
Suite, Apt. #, etc.  
1555 Palm Beach Lakes Blvd  
City & State **FL 1400**  
West Palm Beach, FL  
Zip **33401** Country **USA****

4. FEI Number **65-0707466** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUTHERFORD, CHARLES E  
2600 N. MILITARY TRAIL  
FOURTH FLOOR  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP BERKE, MICHAEL P 5657 CAMINO DEL SOL #300 BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5657 CAMINO DEL SOL #300</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STRICKLAND, CARTER M 3220 CANTERBURY DR. BOCA RATON FL 33434</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCO DURANT, MARILYN C 10090 FANFARE DR BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Michael P. Berke **MICHAEL BERKE** 4/4/02 (561) 682-1149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)