## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # Clearbrook Properties, INC 04-30-2001 90049 016 \*\*\*150.00 Principal Place of Business Mailing Address 18083 CLEARBROOK CIRCLE 18083 CLEARBROOK CIRCLE PENET CHECKING BOCA RATON FL 33498 **BOCA RATON FL 33498** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Ζiρ 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 BERKOWITZ, MYER T Street Address (P.O. Box Number is Not Acceptable) 18083 CLEARBROOK CIRCLE BOCA RATON FL 33498 City 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 (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) ☐ Change Addition ☐ Delete TITLE HILE BURTON, Gerald K 18051 Clearbrook Circle NAME NAME STREET ADDRESS STREET ADDRESS Boca Raton FL 33498 CITY-ST-ZIP CHY-ST-ZIP Change Defete TITLE Addition THE NAME Berkowitz, Myer T NAME STREET ADDRESS 18083 CLEAR BROOK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** ■ Addition Change Delete TITLE TITLE NAME - NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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, will all other like empowered.

SIGNATURE: 

WAY

SIGNATURE: 

OA-15-01

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LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR