

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000102691

1. Entity Name
 BERMAN LAW FIRM, P.A.

Principal Place of Business 360 CENTRAL AVENUE SUITE 1260 ST. PETERSBURGH FL 33701	Mailing Address 360 CENTRAL AVENUE SUITE 1260 ST. PETERSBURGH FL 33701
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2. Principal Place of Business 360 CENTRAL AVENUE	3. Mailing Address 360 CENTRAL AVENUE
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Suite, Apt. #, etc. SUITE 1260	Suite, Apt. #, etc. SUITE 1260
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City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
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Zip 33701	Country	Zip 33701	Country
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4. FEI Number
59-3480101

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

BERMAN CRAIG LEWIS
 320 PARKSIDE LN
 SAFETY HARBOR FL 34695
 US

7. Name and Address of New Registered Agent

Name
 BERMAN CRAIG LEWIS

Street Address (P.O. Box Number is Not Acceptable)
 1602 GOVERNOR'S LANE

City
 SAFETY HARBOR FL Zip Code
 34695

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 _____ **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERMAN CRAIG L 320 PARKSIDE LANE SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERMAN CRAIG L 1602 GOVERNOR'S LANE SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: Craig L. Berman P 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)