2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000108534 **DOCUMENT #**

1. Entity Name

BERKES & PRATT PROPERTIES, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90143 012 ***150.00

Principal Place of Business Mailing Address pratmoull 345 PARTMOUTH DR 5345 PARTMOUTHLOR LAKE WORTH FL 33460 LAKE WORTH FL 33460 345 Dantmorth Da 3. Mailing Address
345 DALTworth 2. Principal Place of Business 345 DARTMOUTHDA Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State
Lalle World 4. FEI Number Applied For 65-0803707 e Worth Not Applicable \$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 GRANTHAM, KIRK___ Street Address (P.O. Box Number is Not Acceptable) 1860 FOREST HILL BLVD., #105 WEST PALM BEACH FL 33406 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BERKES ISTVAN P TITLE ☐ Delete TITLE Change ☐ Addition BERKES, ISTVAN NAME NAME 5800 SEA BISCUIT Rd Palm BEACH GARDENS. F1. 33418 306 LAKE ARBOR DR. STREET ADDRESS STREET ADDRESS PALM SPRINGS FL 33461 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all of

SIGNATURE:

BELKES AS prosident 3/3/03