

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90145 025 ***150.00

DOCUMENT # P98000020840

1. Entity Name
BERKELEY SQUARE, INC.

Principal Place of Business

6915 RED ROAD
 SUITE 215-A
 CORAL GABLES FL 33143
 US

Mailing Address

6915 RED ROAD
 SUITE 215-A
 CORAL GABLES FL 33143
 US

2. Principal Place of Business

6555 N.W. 36 ST.

Suite, Apt. #, etc.
 STE. # 114

City & State
 MIAMI, FL

Zip 33166 Country USA

3. Mailing Address

6555 N.W. 36 ST.

Suite, Apt. #, etc.
 STE. # 114

City & State
 MIAMI, FL

Zip 33166 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0819301**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TAHA, DANNY
 6915 RED ROAD
 SUITE 215-A
 CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
6555 N.W. 36 ST., STE. #114
 City **MIAMI** FL Zip Code **33166**

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

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, 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------|----------------|-----------------------|---------------------------------|
| D | TAHA, DANNY | 6915 RED ROAD | CORAL GABLES FL 33143 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-----------------------------|------------------|--|-----------------------------------|
| | | 6555 N.W. 36 ST., STE. #114 | MIAMI, FL, 33166 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

305 870-6400

Daytime Phone #

CR2E034 (9/01)