2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

2002 UNIFORM BUSINESS REPORT (UBR)				FILED Jan 21, 2002 8:00 am	
DOCUMENT # P98000066895 1. Entity Name				Secretary of State	11
BERENSO	ON REALTY I, INC.			01-21-2002 90045 045 ***150.00	
•	e of Business	Mailing Address 9 ISLAND AVE #1801			
9 ISLAND AVE #1801 MIAMI BEACH FL 33139		MIAMI BEACH FL 33139		L SERVINGES HAS FESTEL BOTH BESTIF BETTY BETTY BETTY BILLIO BUTTY FRUIT (BIRT 1911)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0854538 Applied Fo Not Applied	
Zip	Country		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent	
BERENSON, RICHARD B 9 ISLAND AVE #1801			Street Address	ss (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33139					
	r		City	FL Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible		egistered Agent signature requi		
(See crite	requirement and elects to do so.	Make Check Payable		State	
TITLE	OFFICERS AND D	IRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	dition
NAME STREET ADDRESS CITY-ST-ZIP	BERENSON, RICHARD B 9 ISLAND AVE #1801 MIAMI BEACH FL 33139	_ solid	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	SD BERENSON, ALINA T 9 ISLAND AVE #1801	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Ado	dition
CITY-ST-ZIP	MIAMI BEACH FL 33139	:	CITY-ST-ZIP	☐ Change ☐ Ado	
NAME STREET ADDRESS	CD WATSON, DIANE B 9 ISLAND AVE #1801	Delete _	TITLE NAME STREET ADDRESS	. Change Add	inton)
TITLE	MIAMI BEACH FL 33139	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Add	dition
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CITY-ST-ZIP	·		CITY-ST-ZIP	Charge State	dition
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CITY-ST-ZIP	certify that the information supplied with the	ais filling does not qualify for the	CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of the cor changed,	on this report or supplemental report is tr poration or the receiver or fustee emper or on an attachment with an address w	ue and accurate and that my serect to execute this report as that other like empowered.	signature shall have the required by Chapter 6	Section 113-07-05(f), Fronda Statutes: Truffer Certify that the information are same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes; and that my name appears in Block 11 or Block 1	tor 2 if