2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000075722** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** THE MECKLER RESEARCH AND DEVELOPMENT GROUP, INC. 03-27-2000 90110 035 ***150.00 Principal Place of Business Mailing Address 10269 HUNT CLUB LANE 10269 HUNT CLUB LANE PALM BEACH GARDENS FL 33412-1629 PALM BEACH GARDENS FL 33418 006690 3. Mailing Address 2. Principal Place of Business 8811 MARLAMOOR LANE 8811 MARLAMOOR LANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0860086 Not Applicable WEST PALM BEACH, FLORIDA WEST PLAM BEACH. Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33412 III.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRIAN M. BERMAN BERMAN, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 10269 HUNT CLUB LANE 8811 MARLAMOOR LANE PALM BEACH GARDENS FL 33418 Zip Code WEST PALM BEACH 33412 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR XX Change Addition TITLE TITLE ☐ Defete BRIAN M. BERMAN NAME BERMAN, BRIAN M NAME STREET ADDRESS STREET ADDRESS 10269 HUNT CLUB LANE 8811 MARLAMOOR LANE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 WEST PALM BEACH, FLORIDA 33412 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _