

DOCUMENT # P98000076269

1. Entity Name
BERENSON REALTY II, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90013 029 ***150.00

Principal Place of Business: 9 ISLAND AVENUE #1801 MIAMI BEACH FL 33139
Mailing Address: 9 ISLAND AVENUE #1801 MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 65-0862478
Applied For Not Applicable

Zip Country
Zip Country

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

6. Name and Address of Current Registered Agent
BERENSON, RICHARD B
NINE ISLAND AVE/APT 1801
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BERENSON, RICHARD B	
STREET ADDRESS	9 ISLAND AVENUE #1801	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERENSON, ALINA T	
STREET ADDRESS	9 ISLAND AVENUE #1801	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WATSON, DIANE B	
STREET ADDRESS	9 ISLAND AVENUE #1801	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Richard B. Berenson* PRESIDENT RICHARD B. BERENSON Date 1/8/01 JAT 531-6000 Daytime Phone #

CR2E034 (10/00)