

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90057 035 ***150.00

DOCUMENT # P99000040827
 1. Entity Name
BERKOWITZ & ASSOCIATES, P.A.

Principal Place of Business P.O. BOX 810715 BOCA RATON FL 33481-0715	Mailing Address P.O. BOX 810715 BOCA RATON FL 33481-0715
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2255 Glades Road Suite, Apt. #, etc. Suite 236W	3. Mailing Address P. O. Box 970024 Suite, Apt. #, etc.
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33431	Country USA

4. FEI Number 65-0926379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERKOWITZ, IAN M ESQ.
421 SEA TURTLE TERRACE
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
Ian M. Berkowitz
 Street Address (P.O. Box Number is Not Acceptable)
One Boca Place- 2255 Glades Road
2255 Glades Road, Suite 236W
 City
Boca Raton- **FL** Zip Code
33431

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 *Ian M. Berkowitz* DATE **4/24/00**
Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D BERKOWITZ, IAN M ESQ. 6378 AVALON POINTE COURT BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Ian M. Berkowitz 21041 Shady Vista Lane Boca Raton, Florida 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ian M. Berkowitz* DATE: **4/24/00** DAYTIME PHONE #: **561-981-8881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR