

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90010 010 \*\*\*558.75

00087874

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P49000058775**

1. Entity Name **Berkshire Financial Solutions, Inc.**

Principal Place of Business Mailing Address  
**23116 Sandalfoot Plaza Drive, Suite A**  
**Boca Raton, FL 33428**

2. Principal Place of Business **Same**  
 Suite, Apt. #, etc.

3. Mailing Address **Same**  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0905051**  
 Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

**Michael Melitz**

7. Name and Address of New Registered Agent

Name **Homer P. Appleby**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7301-A Palmetto Park Rd**  
 City **Boca Raton** **FL** Zip Code **33433**

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 **Homer P. Appleby**

Signature, typed or printed name of registered agent and title if applicable.

**Homer P. Appleby**

(NOTE: Registered Agent signature required when reinstating)

**6/28/00**  
 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, 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Michael Melitz</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Ronald Hebert</b> <b>23116 Sandalfoot Plaza Dr, Boca Raton, FL 33428</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Ronald Hebert</b> <b>23116 Sandalfoot Plaza Dr, Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>Joseph Dominguez</b> <b>23116 Sandalfoot Plaza Dr., Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Ron Zilkha</b> <b>23116 Sandalfoot Plaza Dr, Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>General Counsel &amp; Secretary</b> <b>Homer P. Appleby</b> <b>3245 St. James Dr., Boca Raton, FL 33434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/28/00** **21-885-1881**  
 Date Daytime Phone #