2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # \$36536** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name DONALD E. BERGER AND ASSOCIATES, INC. 04-07-2000 90045 023 ***150.00 Principal Place of Business Mailing Address 1001 NW 62ND STREET 1001 NW 62ND STREET STE 320 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-1950 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0246439 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERGER, THOMAS A. Street Address (P.O. Box Number is Not Acceptable) 2586 FOREST HILL BLVD. W. PALM BCH. FL 33406 Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PD TITLE Change ☐ Delete TITLE BERGER, DONALD E. NAME STREET ADDRESS STREET ADDRESS 1001 NW 62ND STREET, SUITE 320 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change Delete TITLE TITLE BERGER, DONALD E. NAME 1001 NW 62ND STREET, SUITE 320 STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIF FT. LAUDERDALE FL Change Addition ☐ Delete TITLE TITLE BERGER, RICKI NAME NAME STREET ADDRESS STREET ADDRESS 1001 NW 62ND STREET, SUITE 320 CITY-ST-7IE CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.