Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # \$36536** 1. Entity Name DONALD E. BERGER AND ASSOCIATES, INC. I-24-2001 90007 022 \*\*\*150.00 Principal Place of Business Mailing Address ١. 1001 NW 62ND STREET 1001 NW 62ND STREET STE 320 STE 320 1043218 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0246439 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TIT! F TITLE ☐ Delete BERGER, DONALD E. NAME NAME 1001 NW 62ND STREET, SUITE 320 STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE BERGER, DONALD E. NAME NAME STREET ADDRESS STREET ADDRESS 1001 NW 62ND STREET, SUITE 320 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Delete TITLE Change ☐ Addition TITLE BERGER, RICKI NAME NAME 1001 NW 62ND STREET, SUITE 320 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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/ike empowered.