

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15486

1. Entity Name

COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL, P.A.

Principal Place of Business

2601 SO. BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133

Mailing Address

2601 SO. BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133

2. Principal Place of Business

10220 SW 142nd St.

3. Mailing Address

10220 SW 142nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENTS INC  
2601 SOUTH BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133

Name

RICHARD N. BERNSTEIN

Street Address (P.O. Box Number is Not Acceptable)

c/o CARLTON FIELDS 100 S.E. Second Street

City

Miami

FL

Zip Code  
33131

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

3/19/01

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 ☐ Delete  
NAME SD  
STREET ADDRESS BERNSTEIN, RICHARD N.  
CITY-ST-ZIP 2601 SO BAYSHORE DR 19 FLOOR  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10200 SW 142nd Street  
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Delete  
NAME ATD  
STREET ADDRESS BRODIE, STEVEN J.  
CITY-ST-ZIP 2601 SO BAYSHORE DR 19 FLOOR  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10260 SW 142nd St.  
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS COHEN, JEFFREY M.  
CITY-ST-ZIP 2601 SO BAYSHORE DR 19 FLOOR  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3628 St. Gaudens Road  
CITY-ST-ZIP Miami, FL 33133

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS BERKE, MICHAEL A  
CITY-ST-ZIP 2601 SO BAYSHORE DR 19 FLOOR  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13420 SW 98 Ct.  
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS KONDELL, KAREN P  
CITY-ST-ZIP 2601 SO BAYSHORE DR 19 FLOOR  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2462 Bay Isle Ct.  
CITY-ST-ZIP Weston, FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/01 (305) 530-0050



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)