

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22380

1. Entity Name

1150 BUILDING CORPORATION

Principal Place of Business

1836 W 23RD STREET  
MIAMI BEACH FL 33140

Mailing Address

1836 W 23RD STREET  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0335488

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID J. BERGER  
1836 W. 23 STREET  
MIAMI BEACH FL 33140

Name

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

City

FL

Zip Code

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

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	DPS	<input type="checkbox"/> Delete
NAME	BERGER, MAX	
STREET ADDRESS	1230 CLEVELAND ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	BERGER, DAVID J	
STREET ADDRESS	1836 W 23RD STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	BERGER, MORRIS I	
STREET ADDRESS	10041 S W 2ND STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	KRIEGER, ANITA	
STREET ADDRESS	1354 CLEVELAND ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Vice President  
David J. Berger

Date

Daytime Phone #

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90092 035 \*\*\*150.00

C0006266



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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