

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90027 046 ***150.00

CR27153 AV

DOCUMENT # P01000106643

1. Entity Name
PAGE, BERGER & JAMESON, INC.



Principal Place of Business
**5460 N STATE RD 7 STE 218 C
 FT LAUDERDALE FL 33319**

Mailing Address
**5460 N STATE RD 7 STE 218 C
 FT LAUDERDALE FL 33319**

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2605 E. Atlantic Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 B

City & State
Pompano Beach

City & State

4. FEI Number
65-115197

Applied For
 Not Applicable

Zip
FL

Country
Broward

Zip
33062

Country
USA

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

6. Name and Address of Current Registered Agent

**BERGER, STEPHEN A
 5460 N STATE RD 7 STE 218 C
 FT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name
Arlene B. Flachs
 Street Address (P.O. Box Number is Not Acceptable)
**2605 E. Atlantic Blvd
 Ste 201 B**
 City
Pompano Beach FL Zip Code
33062

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 *Stephen A Berger*

Arlene B. Flachs

1/29/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO BERGER, STEPHEN A 5460 N STATE RD 7 STE 218 C FT LAUDERDALE FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FLACHS, SCOTT A 5460 N STATE RD 7 STE 218 C FT LAUDERDALE FL 33319	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Stephen A Berger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

cto *1/29/02* *(954) 781-3363*
 Date Daytime Phone #

CR2E034 (9/01)