

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90069 016 \*\*\*150.00

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**DOCUMENT # 355792**

1. Entity Name  
**BERTELL INC**

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Principal Place of Business      Mailing Address  
**410 GOLDEN ISLES DRIVE APT 209**      **410 GOLDEN ISLES DRIVE APT 209**  
**HALLANDALE FL 33009-7530**      **HALLANDALE FL 33009-7530**

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-1547225**      Applied For  
 Not Applicable

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

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6. Name and Address of Current Registered Agent  
**BERTELL, ROY C**  
**410 GOLDEN ISLES DRIVE**  
**HALLANDALE FL 33099**

7. Name and Address of New Registered Agent  
 Name **Raymond McCain**  
 Street Address (P.O. Box Number is Not Acceptable) **10100 N.E. 16 AVENUE**  
**SUITE B**  
 City **North Miami Beach**      **FL**      Zip Code **33161**

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 (Raymond McCain)      DATE **2/12/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 VD GOLD, LESLIE	<input type="checkbox"/> Delete	TITLE NAME President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 MEADOW LANE		STREET ADDRESS	
CITY-ST-ZIP ROCKVILLE NY		CITY-ST-ZIP	
TITLE NAME SD BERTELL, MILDRED	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 410 GOLDEN ISLES DRIVE		STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:      DATE **2/12/02**      (56) 223-5190  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/01)