

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 597701

1. Entity Name

BERLO INDUSTRY, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90065 001 ***550.00

05-29-2001 90065 002 *****8.75

Principal Place of Business 0734 SW 188TH ST MIAMI FL 33157	Mailing Address PO BOX 770037 MIAMI FL 33177
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73752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Berlo Industry Inc Suite, Apt. #, etc. 10734 SW 188th St City & State Miami, FL Zip 33157	3. Mailing Address P.O. BOX 770037 Suite, Apt. #, etc. None City & State Miami FL Zip 33177
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4. FEI Number 59-1874470	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOOTEN, LEONARD C. 14849 SW 164TH TERR MIAMI, FL 33187	
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7. Name and Address of New Registered Agent Name NA Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW! 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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WOOTEN, LEONARD C. 14849 SW 164TH TER MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WOOTEN, LORRAINE 14849 SW 164TH TER MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNARD, WOOTEN L 10971 SW 171ST TERRACE MIAMI FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowers.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/01
Date

786-242-3409
Daytime Phone #

CR2E034 (10/00)