2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED **DOCUMENT # L26218** May 19, 2000 8:00 am 1. Entity Name Secretary of State BERCA, INC. 05-19-2000 90018 049 ***150.00 Principal Place of Business Mailing Address 2500 HOLLYWOOD BLVD #212 2500 HOLLYWOOD BLVD #212 HOLLYWOOD FL 33020-6615 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2237 N. Commerce Parkway 2237 N. Commerce Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0204650 Weston, Florida Weston, Florida Not Applicable Country \$8.75 Additional ^{Zi}33326 Country *3*3326 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANELLA, ROSS H. ESQ MANELLA, ROSS H ESQ Street Aczes 4P. D. Box Number is Not Acceptable) 2500 HOLLYWOOD BLVD #212 HOLLYWOOD FL 33020 Suite City Weston, Florida ^Z93^C956 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. ROSS MANELLA (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition TITLE Change □ Delete **OUIMET, LUC** NAME NAME C.P. 4 ST JEAN SUR RICHLIEU STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QUEBEC, CANADA J3B -6Z1 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE **OUIMET, JOHANNE** NAME NAME STREET ADDRESS STREET ADDRESS C.P. 4 ST JEAN SUR RICHLIEU CITY-ST-ZIP CITY-ST-ZIP QUEBEC, CANADA J3B -6Z1 ☐ Addition TITLE TITLE ☐ Delete **OUIMET, AIMEE** NAME NAME STREET ADDRESS STREET ADDRESS C.P. 4 ST JEAN SUR RICHLIEU CITY-ST-ZIP CITY-ST-7P QUEBEC, CANADA J3B -6Z1 ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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