

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90226 031 ***150.00

DOCUMENT # 548548

1. Entity Name
BERGOLLA, INC.



Principal Place of Business
**2620 WEST 79TH ST.
HIALEAH FL 33016**

Mailing Address
**2620 WEST 79TH ST.
HIALEAH FL 33016**



2. Principal Place of Business
8115 West 31 AVENUE

Suite, Apt. #, etc.

3. Mailing Address
8115 West 31 AVENUE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH FL.

City & State
HIALEAH, FL.

4. FEI Number **59-1776140**

Applied For
Not Applicable

Zip **33018** Country **USA**

Zip **33018** Country **USA**

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

**BERGOLLA, RAFAEL JR.
8014 N.W. 163RD TERR.
MIAMI FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TS** ☐ Delete
NAME **BERGOLLA, LUIS A.**
STREET ADDRESS **3645 S.W. 162 AVE**
CITY-ST-ZIP **MIRAMAR FL 33027-4508**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BERGOLLA, RAFAEL A JR**
STREET ADDRESS **8014 N.W. 163 TERR.**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03
Date

305-887-3088
Daytime Phone #

CR2E034 (10/02)