## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P00000025570 DOCUMENT #

1. Entity Name

BERGOLLA GENERAL SERVICES, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90844 015 \*\*\*150.00

				, ,	A SE TRAIL			
Principal Place of Business 13537 S.W. 19 LANE MIAMI FL 33175			Mailing Address 13537 S.W. 19 LANE MIAMI FL 33175				( <b>F</b> (( <b>EB</b> ) <b>M</b> ( <b>) B</b> )	ili Mālir Sārs sass
2. Principal Place of Business			3. Mailing Address					
Suito An	3t # ata		_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 65-1070346	<u>-</u>	Applied For Not Applicable
Zip Country			Zip Country		. 2	5. Certificate of Status Desired	\$8.75 A Fee Requi	dditional
	6Name and	Address of Current	Registered Agent			7. Name and Address of New Registere	d Agent	
REPGOLL	LA, RODOLFO			N <sub>i</sub>	ame			<del></del>
13525 S.W. 20 TERRACE			Street Addres		reet Address (F	(P.O. Box Number is Not Acceptable)		
MIAMI FL 33175								
IVID UNI 1 E.	. 00170							
				Ci		F	Zip Co	
8. The above	e named entity sub ations of registered	omits this statement for	the purpose of changing its	s registered of	ice or registere	ed agent, or both, in the State of Florida. I an	n familiar with	and accept
. als conge	ations of registered	agent.						, and doocpt
SIGNATURE	Signature, typed or prin	ted name of registered agent a	od titla if applicable					
· · · · · · · · · · · · · · · · · · ·			(NO)	E: Registered Agen	t signature required v	when reinstating) DATE		
Afte	FILE NOW!!! Filer May 1, 2003 F	ee will be \$550.00	,			9. Election Campaign Financing	¢E (	00
Make Chec	k Payable to Flo	rida Department of	State				☐ Adde	00 May Be ed to Fees
10.		OFFICERS AND D	DIRECTORS	11.	<del>.</del>	ADDITIONS/CHANGES TO OFFICERS AN	D DIDEOTOS	20.00.00
TITLE	PD		☐ Delete	TITLE		NO DITIONS/CHAINGES TO OFFICERS AN	☐ Change	Addition
NAME STREET ADDRESS	BERGOLLA, RO	DDOLFO A		NAME			L Change	☐ Addition
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				V.1.) UT-ZIF	1			1

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

SIGNATURE: \_