

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90635 032 \*\*\*150.00

**DOCUMENT # 414832**

1. Entity Name

**BERO, INC.**

Principal Place of Business

Mailing Address

**1845 NW 17th AVENUE  
MIAMI, FLORIDA 33125**

**4545 NW 7th STREET  
MIAMI, FLORIDA 33126  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1439503**

Applied For:

Not Applicable

Zip

Country

Zip

Country

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

**BELLO, RAUL  
1845 NW 17 AVENUE  
MIAMI, FLORIDA 33125**

Name

Street Address (P.O. Box Number is Not Acceptable)

**730 NW 18 AVENUE**

City

**MIAMI**

**FL**

Zip Code

**33125**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>PST</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>BELLO, RAUL</b>
CITY-ST-ZIP	<b>1845 NW 17 AVENUE, MIAMI, FL.</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>730 N.W. 18 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33125</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raul Bello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAUL BELLO  
PRESIDENT**

**04-09-01**

Date

**(305) 642-5996**

Daytime Phone #

**RECEIVED  
DEPT. OF REVENUE  
APR 26 AM 11:27**

CR2E034 (1/1/00)