

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 423110

1. Entity Name

BER-LI MAINTENANCE COMPANY

Principal Place of Business

4453 E. TRADEWINDS AVENUE  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4453 E. TRADEWINDS AVENUE  
LAUDERDALE BY THE SEA FL 33308

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1463187

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKHARDT, BERNHARD  
4453 E. TRADEWINDS AVENUE  
LAUDERDALE BY THE SEA FL 33308

7. Name and Address of New Registered Agent

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.

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

TITLE PD  
NAME ECKHARDT, BERNHARD  
STREET ADDRESS 4453 E. TRADEWINDS AVE  
CITY-ST-ZIP LAUDER.BY THE SEA FL

☐ Delete

TITLE D  
NAME ECKHARDT, BERNHARD  
STREET ADDRESS 4453 E. TRADEWINDS AVE  
CITY-ST-ZIP LAUDER.BY THE SEA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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

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☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-01 954-77268

31

CR2E034 (10/00)

0246674

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
03-19-2001 90017 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE