

2000 UNIFORM BUSINESS REPORT (BR)

4/2

DOCUMENT # 564021

1. Entity Name

BERKHEIMER ENTERPRISES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-27-2000 90099 024 ***150.00

Principal Place of Business Mailing Address
6047 KIMBERLY BLVD 6047 KIMBERLY BLVD
SUITE N SUITE N
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-2820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-1784480** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BERKHEIMER, JERRY D.
5851 HOLMERG RD
S2823
PARKLAND FL 33067

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, 2000 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	STD	<input type="checkbox"/> Delete
NAME	BERKHEIMER, EDWARD R.	
STREET ADDRESS	4601 CEDARHILL RD.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERKHEIMER, RANDY	
STREET ADDRESS	7201 SW 1ST ST.	
CITY-ST-ZIP	MARGATE FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BERKHEIMER, JERRY D.	
STREET ADDRESS	5851 HOLMERG RD S2823	
CITY-ST-ZIP	PARKLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KONSTEN, JOSEPH M.	
STREET ADDRESS	1061 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERKHEIMER, JERRY D.	
STREET ADDRESS	5851 HOLMERG RD S2823	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.
 Treas.

5-15-00

954 973-1311

Date

Daytime Phone #

CR2E034 (9/99)