

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90203 032 ***150.00

DOCUMENT # 840815

1. Entity Name

BERCAT SUPPLIES INC.

Principal Place of Business

Mailing Address

7623 S W 129TH PLACE
 MIAMI FL 33183

7623 S W 129TH PLACE
 MIAMI FL 33183-4250

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1828847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DYER, NORMA
7623 S.W. 129TH PLACE
MIAMI FL 33183

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
DYER, DONALD
 STREET ADDRESS **14481 S.W. 111TH TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
FLETCHER, DAVID W.
 STREET ADDRESS **BOX 553, MONTEGO BAY 2**
 CITY-ST-ZIP **JAMAICA WE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BURNS, JERRY
 STREET ADDRESS **6911 ROSEMARY LANE**
 CITY-ST-ZIP **EDEN PRARIE, MINN 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
DYER, PERCIVAL S
 STREET ADDRESS **7623 S W 129 TH PLACE**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE Change Addition
 NAME **Deceased**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
FLETCHER, ALICE
 STREET ADDRESS **BOX 553, MONTEGO BAY 2**
 CITY-ST-ZIP **JAMAICA WE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
DYER, NORMA
 STREET ADDRESS **7623 S W 129TH PLACE**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE Change 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

4-11-00

Date

305-386-37

Daytime Phone #

NORMA DYER