


# 2001 UNIFORM BUSINESS REPORT (UBR)

0013533 AF

**DOCUMENT # A00000000244**

1. Entity Name  
**BERGERON PARK OF COMMERCE-NORTH FAMILY LIMITED P**

**FILED**  
 01 MAR 29 AM 11:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 19612 S.W. 69TH AVENUE  
 FORT LAUDERDALE FL 33332

Mailing Address  
 19612 S.W. 69TH AVENUE  
 FORT LAUDERDALE FL 33332

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**6861 S.W. 196<sup>TH</sup> AVE.**  
 Suite, Apt. #, etc.  
**# 116**  
 City & State  
**FT. LAUDERDALE FL**  
 Zip  
**33332**  
 Country  
**BROWARD**

4. FEI Number  Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BERGERON, RONALD M SR**  
**19612 S.W. 69TH AVENUE**  
**FORT LAUDERDALE FL 33332**

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  **RONALD M. BERGERON, SR**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P99000009473</b>
NAME	<b>BERGERON PARK OF COMMERCE-NORTH, INC.</b>
STREET ADDRESS	<b>19612 S.W. 69TH AVENUE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33332</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3-20-01** Daytime Phone # **954-680-0223**

CR2E003 (11/00)