

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

10/2

0011437 AT

DOCUMENT # **A00000000244**

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

02 MAR -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
**6861 S.W. 196TH AVE #116
FT. LAUDERDALE FL 33302**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
19612 S.W. 69 PL.
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
FT. LAUDERDALE, FL

4. FEI Number
-APPLIED FOR-

Applied For
Not Applicable

Zip
33332

Country
US

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

**BERGERON, RONALD M SR.
19612 S.W. 69TH AVENUE
FORT LAUDERDALE FL 33332**

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000009473**
NAME **BERGERON PARK OF COMMERCE-NORTH, INC.**
STREET ADDRESS **19612 S.W. 69TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **700005109147--1**
CITY-ST-ZIP **03/15/02 01006 007**
*****150.00 ***150.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: **RONALD M. BERGERON** 2-18-02 954-680-0223

CR2E003 (9/01)

STAPLE CHECK HERE

2073

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN _____
OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested BERGERON PARK OF COMMERCE-NORTH FAMILY LIMITED PARTNERSHIP	
	2 Trade name of business (if different from name on line 1) SAME AS ABOVE	3 Executor, trustee, "care of" name -
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 19612 S.W. 64th PLACE	5a Street address (if different) (Do not enter a P.O. box.) -
	4b City, state, and ZIP code FT. LAUDERDALE, FL 33332	5b City, state, and ZIP code -
	6 County and state where principal business is located BROWARD COUNTY, FLORIDA	
	7a Name of principal officer, general partner, grantor, owner, or trustor BERGERON PARK OF COMMERCE-NORTH, INC.	7b SSN, ITIN, or EIN 65-0922196

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
-------	-----------------

9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) **2/1/00**

11 Closing month of accounting year **DECEMBER 31ST**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".

Agricultural	Household	Other
--------------	-----------	-------

14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶	Trade name ▶
--------------	--------------

16c Approximate date when and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
--	----------------------------	--------------

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **RONALD M. BERGERON, SR**

Signature ▶ *[Signature]* Date ▶ **2-18-02**

Applicant's telephone number (include area code) **(954) 680-0223**

Applicant's fax number (include area code) **(954) 680-0218**