

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90011 005 ***158.75

DOCUMENT # F11506

1. Entity Name
BERKSHIRE MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

12920 ALEXANDRIA DRIVE
OPA LOCKA FL 33054
US

Mailing Address

12920 ALEXANDRIA DRIVE
OPA LOCKA FL 33054

2. Principal Place of Business
8321 NW 90 St.

Suite, Apt. #, etc.

3. Mailing Address
8321 NW 90 St.

Suite, Apt. #, etc.

City & State
Medley, FL

City & State
Medley, FL

4. FEI Number **59-2049928**

Applied For
Not Applicable

Zip
33166

Country

Zip
33166

Country
Dade

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN BREE, THOMAS W.
7790 S.W. 128TH ST.
MIAMI FL FL 33156

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, 2002 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 **DP** ☐ **Delete**
NAME **VAN BREE, THOMAS W**
STREET ADDRESS **7790 S W 128 ST**
CITY-ST-ZIP **MIAMI, FL 00000**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 reports 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

305-883-3277

2/13/02

Date

Daytime Phone #

CR2E034 (9/01)