2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am § Secretary of State F97000003626 DOCUMENT # 1. Entity Name 05-16-2002 90072 033 ***150 00 BERGEN ENTERPRISES, INC. Principal Place of Business Mailing Address 1982A AVENUE "L" 1982A AVENUE "L" RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-1859159 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGEN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1982A AVENUE "L" RIVIERA BEACH FL 33404 City 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 reinstalling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE □ Delete ☐ Addition NORMAN BERGEN BERGEN, NORMAN NAME NAME 134 MILLBRIDGE DR. 9049 CYPRESS HOLLOW DR STREET ADDRESS STREET ADDRESS PALM BCH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP JUPITER, EL 33458 TITLE ☐ Delete TITLE Change ☐ Addition BERGEN, ROBERT BERGEN, ROBERT NAME NAME 1982-A AVENUE L 13182 LA MIRADA CIRCLE STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEALLY , FL 33404 TITLE Delete TIŤLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



561-844-6245

FILED