

STATE OF FLORIDA - 2002
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 024 ***150.00

DOCUMENT # F99000001733

1. Entity Name

THE BERESH GROUP, INC.

DO NOT WRITE IN THIS SPACE

671227

2. Principal Place of Business
11835 BROOKFIELD

Suite, Apt. #, etc.

3. Mailing Address
11835 BROOKFIELD

Suite, Apt. #, etc.

City & State
LIVONIA, MI

City & State
LIVONIA, MI

Zip Country
48150 USA

Zip Country
48150 USA

4. FEI Number
38-3202044

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BERESH, HARRY

Street Address (P.O. Box Number is Not Acceptable)
6097 BALBOA CIRCLE #306

City Zip Code
BOCA RATON FL 33433

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PCD
NAME BERESH, BRUCE E
STREET ADDRESS 7246 PEBBLE POINT
CITY - ST - ZIP WEST BLOOMFIELD, MI

TITLE S
NAME BAGOZZI, LAURIE
STREET ADDRESS 7227 STONEBROOK
CITY - ST - ZIP CANTON, MI

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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 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 on an attachment with an address with all other like empowered.

SIGNATURE:  BRUCE BERESH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #