

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90084 018 \*\*\*150.00

**DOCUMENT # H26225**

**1. Entity Name**  
**BERGENE SALES, INC.**

**Principal Place of Business**

**1140 HOLLAND DR**  
**STE 13**  
**BOCA RATON FL 33487**  
**US**

**Mailing Address**

**1140 HOLLAND DR**  
**STE 13**  
**BOCA RATON FL 33487**  
**US**

**2. Principal Place of Business**

**1140 HOLLAND DR**  
**Suite, Apt. #, etc.**  
**STE 15**

**3. Mailing Address**

**1140 HOLLAND DR**  
**Suite, Apt. #, etc.**  
**STE 15**

**City & State**  
**BOCA RATON FL**

**Zip**  
**33487**

**Country**  
**US**

**City & State**  
**BOCA RATON FL**

**Zip**  
**33487**

**Country**  
**US**

**4. FEI Number**

**59-2460440**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FIELDS, CLIFFORD**  
**1140 HOLLAND DRIVE STE 13**  
**SUITE B**  
**BOCA RATON FL 33487**

**7. Name and Address of New Registered Agent**

**Name**  
**FIELDS CLIFFORD**

**Street Address (P.O. Box Number is Not Acceptable)**

**1140 HOLLAND DRIVE STE 15**

**City**  
**BOCA RATON**

**FL**

**Zip Code**  
**33487**

**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 of Registered Agent)*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/24/02**

**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**

**TITLE**  
**PD**  
**NAME**  
**FIELDS, CLIFFORD**  
**STREET ADDRESS**  
**20980 VERONO WAY**  
**CITY-ST-ZIP**  
**BOCA RATON FL**

☐ Delete

**TITLE**  
**VS**  
**NAME**  
**FIELDS, CLIFFORD**  
**STREET ADDRESS**  
**20980 VERANO WAY**  
**CITY-ST-ZIP**  
**BOCA RATON FL**

☐ Delete

**TITLE**  
**TD**  
**NAME**  
**FIELDS, CLIFFORD**  
**STREET ADDRESS**  
**20980 VERANO WAY**  
**CITY-ST-ZIP**  
**BOCA RATON FL**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
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**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**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.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02**

Date

**561 9945474**

Daytime Phone #

CR2E034 (9/01)