

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90113 016 ***150.00

DOCUMENT # H60688

1. Entity Name

BERES ENTERPRISES, INC.

Principal Place of Business

3155 W HWY 98
 PORT ST JOE FL 32456
 US

Mailing Address

3155 W HWY 98
 PORT ST JOE FL 32456
 US

2. Principal Place of Business

4010 Delisa Ave.
 Suite, Apt. #, etc.

3. Mailing Address

4010 Delisa Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY

City & State

PANAMA CITY

4. FEI Number

59-2541372

Applied For

Not Applicable

Zip

32404

Country

BA

Zip

32404

Country

BA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERES, THOMAS A.
 3155 W HWY 98
 PORT ST JOE FL 32456

7. Name and Address of New Registered Agent

Name

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

4010 Delisa Avenue

City

PANAMA CITY

FL

Zip Code

32404

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

Rochelle A. Beres / Rochelle A. Beres

02/08/02

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	BERES, ROCHELLE A	
STREET ADDRESS	3155 W HWY 98	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERES, THOMAS A	
STREET ADDRESS	3155 W HWY 98	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4010 Delisa Avenue	
CITY-ST-ZIP	PANAMA CITY, FL. 32404	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4010 Delisa Avenue	
CITY-ST-ZIP	PANAMA CITY, FL. 32404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rochelle A. Beres / Rochelle A. Beres

02/08/02

850-784-8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)