

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90091 029 ***150.00

DOCUMENT # L36653

1. Entity Name

BERTRAM TAYLOR, INC.

Principal Place of Business

Mailing Address

**1236 SO. OCEAN DR.
 FORT LAUDERDALE FL 33316**

**4636 ST. CATHERINE ST. WEST
 WESTMOUNT. QUEBEC CANADA H3Z1S
 US**

00041066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0159533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURDOCH, ROBERT E
 JOHNSON, ANSELMO, MURDOCH, BURK, GEORGE, P.A
 790 E. BROWARD BOULEVARD, SUITE 400
 FORT LAUDERDALE FL 33301**

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, 2000 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 **PD**
 NAME **PICKERING, RONALD**
 STREET ADDRESS **4670 ST. CATHERINE ST. WEST**
 CITY-ST-ZIP **WESTMOUNT QUEBEC CA**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
 NAME **TAYLOR, MARIA**
 STREET ADDRESS **6341 NE 20TH TERR.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

☐ Delete

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☐ 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

Jan. 14, 2000 (514) 932-3999

Date

Daytime Phone #

CR2E034 19/99