

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 013 ***158.75

DOCUMENT # M06480

1. Entity Name

BERR CORPORATION



Principal Place of Business

**9650 S. DIXIE HWY.
MIAMI FL 33156**

Mailing Address

**9650 S. DIXIE HWY.
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2462904**

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

**SAKS, BERNICE
9650 S. DIXIE HWY.
MIAMI FL 33156**

Name

BERNICE SAKS

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

13686 DEERING BAY DRIVE

City

CORAL GABLES

FL

Zip Code

33158

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bernice Saks **BERNICE SAKS**

3/8/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **SAKS, BERNICE**
STREET ADDRESS **13686 DEERING BAY DR.**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE **PD** ☐ Change ☐ Addition
NAME **BERNICE SAKS**
STREET ADDRESS **13686 DEERING BAY DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33158**

TITLE **D** ☒ Delete
NAME **SAKS, CAROLE**
STREET ADDRESS **13121 SW 107 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Change ☐ Addition
NAME **LAWRENCE SAKS**
STREET ADDRESS **9970 S.W. 124 TERR**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☒ Delete
NAME **SAKS, LAWRENCE**
STREET ADDRESS **9970 SW 124 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **S** ☐ Change ☐ Addition
NAME **STEPHEN SAKS**
STREET ADDRESS **13686 DEERING BAY DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33158**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernice Saks **BERNICE SAKS** **3/8/04** **305 255-4646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #