

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90079 003 ***150.00

DOCUMENT # M37840

1. Entity Name

DR. ANDREA BERGER'S READING & STUDY SKILLS CENTE

Principal Place of Business

Mailing Address

**C/O DR. ANDREA C. BERGER
 1508 SAN IGNACIO, STE.150
 CORAL GABLES FL 33146**

**C/O DR. ANDREA C. BERGER
 1508 SAN IGNACIO, STE.150
 CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

**300 S. Pine Island Rd.
 Suite, Apt. #, etc.
 #227**

**1888 Andromeda Lane
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Plantation FL

City & State
Weston FL

4. FEI Number **59-2735331**

Applied For
 Not Applicable

Zip Country
33324 USA

Zip Country
33327 USA

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

**BERGER, ANDREA C.
 1508 SAN IGNACIO
 STE.150
 CORAL GABLES FL 33146**

Name **Thomas Gero**
 Street Address (P.O. Box Number is Not Acceptable)
300 S. Pine Island Rd
Suite 227
 City **Plantation FL** Zip Code **33324**

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 Andrea C. Berger

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BERGER, ANDREA C. 1508 SAN IGNACIO, #150 CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELMAN, LUCY 1508 SAN IGNACIO, #150 CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Gero 300 S. Pine Island Rd Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrea C. Berger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2126101 9544238113
 Date Daytime Phone #

Andrea C. Berger

CR2E034 (10/00)