

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M62303

1. Entity Name

PHILIP BRUCE BERGER, P.A.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90066 017 ***150.00

Principal Place of Business

8004 NW 154TH ST
PMB 362
MIAMI LAKES FL 33016

Mailing Address

8004 NW 154TH ST
PMB 362
MIAMI LAKES FL 33016

817535



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8021 S. E. Sequoia Drive

Suite, Apt. #, etc.

3. Mailing Address

8021 S. E. Sequoia Drive

Suite, Apt. #, etc.

City & State

Hobe Sound, Florida

City & State

Hobe Sound, Florida

4. FEI Number

65-0013516

Applied For

Not Applicable

Zip

Country

33455-7888

USA

Zip

Country

33455-7888

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, PHILIP BRUCE
7435 SABAL DR
MIAMI LKS FL 33014

Name

Berger, Philip Bruce

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

8021 S. E. Sequoia Drive

City

Hobe Sound

FL

Zip Code

33455-7888

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

Philip Bruce Berger

3-15-01

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	DPT	<input type="checkbox"/> Delete
NAME	BERGER, PHILIP BRUCE	
STREET ADDRESS	#362, 8004 NW 154TH ST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berger, Philip Bruce	
STREET ADDRESS	8021 S. E. Sequoia Drive	
CITY-ST-ZIP	Hobe Sound, Florida 33455-7888	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Bruce Berger

Date

3-15-01

561-219-7590

Daytime Phone #

CR2E034 (10/00)