

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M92396

1. Entity Name

BERGER PLUMBING SUPPLY INC.



FILED

07 SEP 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% STEVEN F. BERGER
8131 NW 91ST TERR
MIAMI, FL 33166 US

Mailing Address

% STEVEN F. BERGER
8131 NW 91ST TERR
MIAMI, FL 33166 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08092007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0065876

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

BERGER, STEVEN F
8131 NW 91ST TERR
FT LAUDERDALE, FL 3328

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BERGER, STEVEN F
STREET ADDRESS 5101 SW 109TH AVE
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE FIVE ☐ Delete
NAME SCOPA, PAUL
STREET ADDRESS 8521 NW 10 ST
CITY-ST-ZIP P. PINES, FL 33024

TITLE TLFA ☒ Delete
NAME BERGER, STUART H
STREET ADDRESS 770 NE 195 ST #223
CITY-ST-ZIP N M BEACH, FL 33179

TITLE SFCT ☐ Delete
NAME VALE, PETER
STREET ADDRESS 611 NORTH 69 TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200110232702
CITY-ST-ZIP 10/03/07--01032--012 **\$61.25

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

TITLE ☒ Change ☒ Addition
NAME TRINA BELL
STREET ADDRESS 5060 SW 158 AVE
CITY-ST-ZIP MIAMI, FL 33027

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

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

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 exemptions contained in Chapter 119, 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #