

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90121 008 \*\*\*\*70.00

**DOCUMENT # N00000003586**

1. Entity Name

**BERGERON PARK OF COMMERCE AND INDUSTRY-NORTH OWN**

Principal Place of Business

Mailing Address

19612 S.W. 69TH PLACE  
 FORT LAUDERDALE FL 33332

19612 S.W. 69TH PLACE  
 FORT LAUDERDALE FL 33332

2. Principal Place of Business

3. Mailing Address

6861 S.W. 196<sup>th</sup> Ave.  
 #116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 PEMBROKE PINES, FL

4. FEI Number

65-1032376

Applied For

Not Applicable

Zip

Country

Zip  
 33332

Country

BROWARD

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

NESS, FRANK E  
 19612 S.W. 69TH PLACE  
 FORT LAUDERDALE FL 33332

Name

Phil De Sai

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

19612 S.W. 69<sup>th</sup> PLACE

FT. LAUDERDALE

City

FL

Zip Code

33332

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.

PHIL De Sai

(NOTE: Registered Agent signature required when reinstating)

2-21-01

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGERON, RONALD M SR	
STREET ADDRESS	19612 S.W. 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAIA, PHIL	
STREET ADDRESS	19612 S.W. 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NESS, FRANK	
STREET ADDRESS	19612 S.W. 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, CHARLES	
STREET ADDRESS	19612 S.W. 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGERON, LONNIE N	
STREET ADDRESS	19612 S.W. 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> Delete
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil De Sai	
STREET ADDRESS	19612 SW. 69 <sup>th</sup> PL	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33332	
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		

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 of 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 617, 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

RONALD M. BERGERON, Sr.

Date

2-21-01

Daytime Phone #

954-480-0223

CR2E037 (10/00)