

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90104 010 \*\*\*\*70.00

**DOCUMENT # N00000003586**

1. Entity Name

**BERGERON PARK OF COMMERCE AND INDUSTRY-NORTH OWN  
ER'S ASSOCIATION, INC.**



Principal Place of Business  
**19612 S.W. 69TH PLACE  
FORT LAUDERDALE FL 33332**

Mailing Address  
**19612 S.W. 69TH PLACE  
# 116  
FORT LAUDERDALE FL 33332**

**30019991**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1032376**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DE SAI, PHIL  
19612 S.W. 69TH PLACE  
FORT LAUDERDALE FL 33332**

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

(NOTE: Registered Agent signature required when reinstating)

**1/20/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	BERGERON, RONALD M SR		
19612 S.W. 69TH PLACE			
FORT LAUDERDALE FL 33332			
VD	SAIA, PHIL		
19612 S.W. 69TH PLACE			
FORT LAUDERDALE FL 33332			
STD	DE SAI, PHIL		
19612 S.W. 69TH PLACE			
FORT LAUDERDALE FL 33332			

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 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 REQUIRED **RONALD M. BERGERON** · 1-29-03 954-600-6100

CR2E037 (10/02)