

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
May 29, 2001 8:00 am
Secretary of State

05-10-2001 90187 029 ****61.25

DOCUMENT # N00000003989

1. Entity Name

BERYLS RESOURCES CENTER, INC.

Principal Place of Business

Mailing Address

**3120 MARINA WAY
LANTANA FL 33462****3120 MARINA WAY
LANTANA FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1021682

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

Name

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

City

FL

Zip Code

**THOMPSON, DESMOND
3120 MARINA WAY
LANTANA FL 33462**

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

**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	THOMPSON, DESMOND	
STREET ADDRESS	3120 MARINA WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, CHERYL	
STREET ADDRESS	3120 MARINA WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARKE, RONALLY	
STREET ADDRESS	4516 BARCLAY CRESENT	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 **WOMANIT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 361-9641132

Date

Daytime Phone #

CR2E037 (10/00)