

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003989**

1. Entity Name

BERYLS RESOURCES CENTER, INC.

FILED

02 OCT 15 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3120 MARINA WAY
LANTANA FL 334623120 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

THOMPSON, DESMOND
3120 MARINA WAY
LANTANA FL 33462

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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESIDENT THOMPSON, DESMOND 3120 MARINA WAY LANTANA FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SECRETARY THOMPSON, CHERYL 3120 MARINA WAY LANTANA FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VICE PRESIDENT CLARKE, RONALD 4516 BARCLAY CRESENT LAKE WORTH FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL BARTLEY 17395 FOX TRAIL LN LOXACHATCHEE, FL 33470 Public RELATION MANAGER	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOREEN JOHNSON 17395 FOX TRAIL LN LOXACHATCHEE, FL 33470 PROGRAM DIRECTOR	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTON THOMPSON 350 E TAYLOR ST #3206 SAN JOSE CA 95112 TREASURER	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)