

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90201 035 \*\*\*\*61.25

**DOCUMENT # N24117**

1. Entity Name

**BERKSHIRE EDUCATIONAL SEARCH TEAM, INC.**

Principal Place of Business

Mailing Address

%FARRELL, LOUIS R.  
 28800 S.W. 152ND AVENUE  
 HOMESTEAD FL 33033

%FARRELL, LOUIS R.  
 28800 S.W. 152ND AVENUE  
 HOMESTEAD FL 33033

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

**65-0032867**

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

FARRELL, LOUIS R.  
 28800 S.W. 152ND AVENUE  
 HOMESTEAD FL 33033

Name **DOROTHY A. Farrell**

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

**28800 SW 152 Ave**

City **Homestead**

FL

Zip Code **33033**

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 **Dorothy A. Farrell**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**July 13, 02**

**After September 13, 2002,  
 min. will be \$236.25.**

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** ☒ Delete  
 NAME **FARRELL, LOUIS R.**  
 STREET ADDRESS **75401 OVERSEAS HWY**  
 CITY-ST-ZIP **ISLAMORADA FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **DOROTHY FARRELL**  
 STREET ADDRESS **701 Chippewa Ave**  
 CITY-ST-ZIP **TAMPA, FL 33033**

TITLE **TD** ☒ Delete  
 NAME **FERRELL, KAREN**  
 STREET ADDRESS **18738 S.W. 344 DR., #175**  
 CITY-ST-ZIP **FLORIDA CITY FL 33304**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **SCOTT FARRELL**  
 STREET ADDRESS **2210 Kenwick Dr.**  
 CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **VD** ☐ Delete  
 NAME **FARRELL, SEAN C.**  
 STREET ADDRESS **17301 S.W. 296TH STREET**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Sean Farrell**  
 STREET ADDRESS **3611 Elk Ridge Lane**  
 CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 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 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: **Dorothy A. Farrell**

**July 13, 02**

CR2E037 (4/02)