2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000182

1. Entity Name

BERGERON PARK OF COMMERCE AND INDUSTRY OWNERS' A

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

SIGNATURE: X

Mailing Address

19612 S.W. 69TH-PLACE FT-EAUDERDALE FL 33332

		•				1.00	are the contract of		
2. Principal Place of Business		3. Mailing Address 6861 S.W. 196# Ayenue							
Suite, Apt. #, etc.		Suite, Apt. #, etc. #1/6		DO NOT WRITE IN THIS SPACE					
City & State		City & State FEMBROKE	PINES.	FL	4. FEI Number 65-0830501		⊢	Applied For Not Applicable	
Zip	Country	Zip 33332	Country BROWA		5. Certificate	of Status Desired	\$8.75 A	Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
N ESS, FRAN K				Name PHIL DE SAI Street Address (P.O. Box Number is Not Acceptable)					
19612 S.W. 69TH PLACE									
FT. LAUDERDALE FL 33332				19612 S.W. 69Th PLACE City FORT LAUDERDALE FL Zip Code 3332					
8. The above	named entity submits this statement for	or the purpose of changing its r	registered office	or register	red agent or bot	h in the state of Flor	rida		
SIGNATURE _		,	PHIL D						
SIGNATURE _	Signature, typed or printed name of registered agont		: Registered Agent sig				2-2/-01 DATE		
	FILE NOW:	9. Election Campaign	Financing	\$5.0	00 May Be	Make	Check Payable	to	
	FEE IS \$61.25			d to Fees		partment of State			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CH	ANGES TO OFFICER	RS AND DIRECTORS	IN 10	
TITLE	PD	☐ Delete	TITLE				☐ Chang		
NAME	BERGERON, RONALD M SR.		NAME						
STREET ADDRESS	19612 S.W. 69TH PLACE		STREET ADDRES	s					
CITY-ST-ZIP	FT. LAUDERDALE FL 33332		CITY-ST-ZIP						
TITLE	VD	Delete	TITLE	51			Chang FL 3333	je 🗌 Addition	
NAME	NESS, FRANK	/\	NAME	PH	il De	Sai To	,		
STREET ADDRESS	19612 S.W. 69TH PLACE		STREET ADDRES	194	612 5. K	1. 69 M PG			
CITY-ST-ZIP	FT. LAUDERDALE FL 33332		CITY-ST-ZIP	F7.	LAUDE	PDALE,	FL 3333	2_	
TITLE	D OASA BUUUD O	☐ Delete	TITLE			•	Chang	ge 🔲 Addition	
NAME STREET ADDRESS	SAÍA, PHILIP G		NAME						
CITY-ST-ZIP	19612 S.W. 69TH PLACE FT. LAUDERDALE FL 33332		STREET ADDRES	S					
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NAME		La Delete	NAME				☐ Chang	ge 🗌 Addition	
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NAME	<i>[/</i>		NAME					,	
STREET ADDRESS	\mathcal{L}		STREET ADDRES	s					
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12. I hereby certify that the information supplied with this filling 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 on the receiver of 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 at other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. BERGERON, Sr 2-21-01

FILED

Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90121 005 ****70.00

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