2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90067 002 ****70.00

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DOCUMENT # N97000000182

1. Entity Name

BERGERON PARK OF COMMERCE AND INDUSTRY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19612 S.W. 69TH PLACE FT. LAUDERDALE FL 33332	~~6861 SW 196TH AVENUE~~ ~~#416~~ ~~PEMBROKE PINES FL 33332~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	19612 S.W. 69 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PT. LAUDERDALE, FL
Zip / Country	Zip: 33332 / Country: U.S.

4. FEI Number: 65-0830501 ☐ 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
DE SAI, PHIL 19612 S.W. 69TH PLACE FT. 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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERGERON, RONALD M SR. 19612 S.W. 69TH PLACE FT. LAUDERDALE FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

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 PHIL DESAI 2-18-02 954-680-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #