

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91753 036 ***150.00

DOCUMENT # **P0000002466** ✓

1. Entity Name

BERMEL TRANSLATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 SUNTREE PLACE

3. Mailing Address

10 SUNTREE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE, FL

Zip

32940

Country

USA

Zip

32940

Country

USA

4. FEI Number

59-3670018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MICHELE WEBER BERNEI

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

3900 Lowell Rd. NW

City

Palm Bg

FL

Zip Code

32907

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 of person named in registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHELE WEBER BERNEI

5/13/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT/SEC. TREASURER**
NAME **MICHELE WEBER BERNEI**
STREET ADDRESS **3900 Lowell Rd. NW**
CITY - ST - ZIP **Palm Bg FL 32907**

TITLE **Vice President**
NAME **JAMES E. BERNEI**
STREET ADDRESS **3900 Lowell Rd. NW**
CITY - ST - ZIP **Palm Bg, FL 32907**

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELE WEBER BERNEI

Date

5/13/02

Daytime Phone #

(321) 253-8550