

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91204 042 ***150.00

DOCUMENT # P00000073666

1. Entity Name
GARY I. BERG AND ASSOCIATES, INC.

Principal Place of Business **Mailing Address**
7629 NORTH WEST FOURTY SECOND PLACE **7629 NORTH WEST FOURTY SECOND PLACE**
SUITE 231 **SUITE 231**
FORT LAUDERDALE FL 33351 **FORT LAUDERDALE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
1401 S. Federal Hwy **Same**
Suite, Apt. #, etc. #411 **Suite, Apt. #, etc.**

City & State **City & State**
Boca Raton FL
Zip **Country**
33432 **USA**

4. FEI Number **Applied For**
65-1038297 **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**
BERG, GARY I **Name**
7629 NORTH WEST FOURTY SECOND PLACE **1401 S. Federal Hwy**
SUITE 231 **#411**
FORT LAUDERDALE FL 33351 **Boca Raton, FL 33432** **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**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **\$5.00 May Be Added to Fees**
☐ **Make Check Payable to Department of State** ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERG, GARY I		NAME	1401 S. Federal Hwy	
STREET ADDRESS	7629 N.W. 42ND PLACE, SUITE 231		STREET ADDRESS	#411, Boca Raton, FL 33432	
CITY-ST-ZIP	FORT LAUDERDALE FL 33351		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 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** **3/15/02** **561 392 4204**

CR2E034 (9/01)