

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099107

1. Entity Name

BERIAN ENTERPRISES, INC.

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90092 004 \*\*\*150.00

Principal Place of Business  
C/O CORAL CADILLAC  
5101 NORTH FEDERAL HWY.  
POMPANO BEACH FL 33064

Mailing Address  
C/O CORAL CADILLAC  
5101 NORTH FEDERAL HWY.  
POMPANO BEACH FL 33064

C0054000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5111 N. FEDERAL HIGHWAY

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
POMPANO BEACH, FL

City & State

4. FEI Number  
65-1048107

Applied For  
Not Applicable

Zip  
33064

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DITTMAN, ROBERT A  
SPINNER, DITTMAN, FEDERSPIEL & DOWLING  
151 NW 1ST AVENUE  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D BERIAN, CHRISTIAN C/O CORAL CADILLAC 5101 NORTH FEDERAL HWY POMPANO BEACH FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERIAN, CHRISTIAN C/O CORAL CADILLAC 5101 NORTH FEDERAL HWY POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D SMALLWOOD, HARVEY C/O CORAL CADILLAC, INC. 5101 N. FEDERAL HIGHWAY POMPANO BEACH, FL. 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/18/2001 954-426-1800  
Date Daytime Phone #

CR2E034 (10/00)