Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000022114  1. Entity Name BERGENLINE, INC.					Secretary of State 02-15-2002 90004 048 ***150.00			
Principal Place of Business  9555 N KENDALL DR. STE 206 MIAMI FL 33176  Miami FL 33176  Mailing Address  9555 N KENDALL DR. STE 206 MIAMI FL 33176								
	Place of Business	3. Mailing Address 3830 Houge Suite, Apt. #, etc.	OBOD BLUD		DO NÓT W	RITE IN THIS SPACE		
City & Star		City & State  How was D  Zip	FLOW DA Country	4.	FEI Number 65 - 1083970		Applied For Not Applicable  5 Additional	
3302	, i	33021	Journal of the state of the sta	5.	Certificate of Status Desired	Fee Re		
	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of Nev	v Registered Agent		
MAZUR, ROBERT D 9555 N KENDALL DR, STE 206 MIAMI FL 33176				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33170		City	<del></del>		FL Zip	o Code	
• The shows	named entity submits this statement for	the number of changing it	s registered office o	r registered as	roat or both in the State of			
Tax filing (See crite	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Paya		00 550.00 t of State	10. Election Campaign Trust Fund Contribu	ution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.		DDITIONS/CHANGES TO C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, FRANK 3830 HOLLYWOOD BLVD HOLLYWOOD FL 33021	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			== PLACE 13029	ange 🛛 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, BRENDA 3830 HOLLYWOOD BLVD HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILDER, LARRY 9555 N. KENDALL DRIVE, SUITE 2 MIAMI FL 33176	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange Addition	
indicated	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that	my signature shall h	ave the same.	legal effect as if made und	er oath: that Lam an o	officer or director (	