

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90183 018 ***158.75

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DOCUMENT # P01000041022

1. Entity Name
BERCOH, INC.



Principal Place of Business
7419 39TH COURT EAST
SARASOTA FL 34243

Mailing Address
7419 39TH COURT EAST
SARASOTA FL 34243

2. Principal Place of Business
2212 58th AVE E

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
SAME

4. FEI Number **65-1088766**

Applied For
Not Applicable

Zip
34203

Country
MANATEE

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BERUFF, CARLOS M
7419 39TH COURT EAST
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

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

2212 58th AVE EAST

City
Bradenton

FL

Zip Code
34203

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BERATT, CARLOS**
STREET ADDRESS **7419 39TH CT EAST**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☒ Change ☐ Addition
NAME **BERUFF, CARLOS**
STREET ADDRESS **2212 58th AVE EAST**
CITY-ST-ZIP **Bradenton FL 34203**

TITLE **V** ☐ Delete
NAME **COHEN, SAM**
STREET ADDRESS **7419 39TH CT EAST**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☒ Change ☐ Addition
NAME **2212 58th AVE EAST**
STREET ADDRESS **Bradenton FL 34203**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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

4/8/03

941-359-9000 x13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)