

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001847

1. Entity Name

BRUCE M. BERGER AND COMPANY, P.A.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90015 026 ***150.00

Principal Place of Business

Mailing Address

9181 N.W. 14TH STREET
PLANTATION FL 33322

9181 N.W. 14TH STREET
PLANTATION FL 33322-4305

940000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

513 NE SIXTH STREET

3. Mailing Address

513 NE SIXTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

4. FEI Number

65-0483347

Applied For

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

BERGER, BRUCE M

9181 N.W. 14TH STREET

PLANTATION FL 33322

Name

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

513 NE SIXTH STREET

City

FORT LAUDERDALE

FL

Zip Code

33304

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.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS BERGER, BRUCE M
CITY-ST-ZIP 9181 N.W. 14TH STREET
PLANTATION FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 513 NE SIXTH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL. 33304

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4/15/2000
Date

954-778-7191
Daytime Phone #

CR2F034 (9/99)