

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050000

1. Entity Name

BERTIER PROPERTIES CORPORATION

Principal Place of Business

20281 E. COUNTRY CLUB DR., PH-6
NORTH MIAMI BEACH FL 33180

Mailing Address

20281 E. COUNTRY CLUB DR., PH-6
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

11785 NW 5th Street

3. Mailing Address

11785 NW 5th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL 33325

City & State

Plantation FL 33325

Zip
33325

Country

Zip

33325

Country

4. FEI Number

65-0510529

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

CORPORATION COMPANY OF MIAMI

201 S. BISCAYNE BLVD.

SUITE 1600

MIAMI FL 33131

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME CHIMERI, MIRELLA
STREET ADDRESS 20281 E COUNTRY CLUB DR, APT 2606
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Change ☐ Addition
NAME LUIGI DI MASE
STREET ADDRESS 11785 NW 5th St.
CITY-ST-ZIP Plantation FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Luigi Di Mase

4/24/01

Date

(954) 723 0840

Daytime Phone #

CR2E034 (10/00)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90035 012 ***150.00



DO NOT WRITE IN THIS SPACE