

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000094081 (4)

1. Corporation Name

BUSINESS INFORMATION TECHNOLOGIES CONSULTING, INC.  
C.



Principal Place of Business

Mailing Address

6220 NW 173 ST  
#730  
MIAMI FL 33015

18524 NW 67 AVE  
SUITE 301  
MIAMI FL 33015

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19366 E. Country Club Dr.  
Suite, Apt. #, etc.

26 19366 E. Country Club Dr.  
Suite, Apt. #, etc.

4. FEI Number

65-0543905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

22

City & State

23 Aventura, FL

24 33180

25 USA

27

City & State

28 Aventura, FL

29 33180

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERZOK, ERIC A  
6220 NW 173 ST  
#730  
MIAMI FL 33015

81 Name

Eric A. Berzok

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

19366 E. Country Club Dr

83

84 City

Aventura

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Eric A. Berzok*  
Signature, typed or printed name of registered agent and title (if applicable)

Eric A. Berzok, President

3/10/96

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME BERZOK, ERIC A  
STREET ADDRESS 6220 NW 173 ST #730  
CITY-STATE-ZIP MIAMI FL 33015

TITLE D ☐ DELETE

NAME BERZOK, ERIC A  
STREET ADDRESS 6220 NW 173 ST #730  
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

PVST

Eric A. Berzok  
19366 E. Country Club Dr  
Aventura, FL 33180

D

Eric A. Berzok  
19366 E. Country Club Dr  
Aventura, FL 33180

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Eric A. Berzok*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)