

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051363

1. Entity Name

BERICAP, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90021 021 ***150.00

Principal Place of Business

Mailing Address

2400 E COMMERCIAL BLVD.
SUITE 324
FORT LAUDERDALE FL 33308

2400 E COMMERCIAL BLVD.
SUITE 324
FORT LAUDERDALE FL 33308-4127

2. Principal Place of Business

3. Mailing Address

2501 E COMMERCIAL BLVD. 2501 E COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

209

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number 65-0682882

Applied For

Not Applicable

Zip
33308

Country

Zip
33308

Country

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

HANDY, JOSEPH P CPA
12000 BISCAYNE BLVD #405
N MIAMI FL 33181

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SABBAGH, MALEK	
STREET ADDRESS	2400 E COMMERCIAL BLVD. STE 324	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	KRAUTKRAMER, GUNTER	
STREET ADDRESS	2400 E COMMERCIAL BLVD. STE 324	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2501 E. COMMERCIAL BLVD # 209	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2501 E. COMMERCIAL BLVD. # 209	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 emendations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27 2000

Date

Daytime Phone #

954.9388871

CR2E034 (9/99)