

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000051363**1. Entity Name
BERICAP, INC.**Principal Place of Business**2501 E COMMERCIAL BLVD
209
FORT LAUDERDALE FL
33308**Mailing Address**2501 E COMMERCIAL BLVD
209
FORT LAUDERDALE FL
33308**2. Principal Place of Business**
12000 BISCAYNE BLVD.**3. Mailing Address**
12000 BISCAYNE BLVD.Suite, Apt. #, etc.
405Suite, Apt. #, etc.
405City & State
NORTH MIAMI FLCity & State
NORTH MIAMI FLZip
331812725

Country

Zip
331812725

Country

4. FEI Number
65-0682882

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHANDY JOSEPH PCPA
12000 BISCAYNE BLVD #405N MIAMI FL
33181 US**7. Name and Address of New Registered Agent**

Name

HANDY JOSEPH P

Street Address (P.O. Box Number is Not Acceptable)
12000 BISCAYNE BLVD

405

City
N MIAMI

FL

Zip Code
331812725

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 **JOSEPH P. HANDY****02/10/2001**

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**TITLE
NAME KRAUTKRAMER GUNTER ☐ Delete
STREET ADDRESS 2501 COMMERCIAL BLVD # 209
CITY-ST-ZIP FORT LAUDERDALE FL 33308TITLE
NAME D SABBAGH MALEK ☒ Delete
STREET ADDRESS 2501 E COMMERCIAL BLVD # 209
CITY-ST-ZIP FORT LAUDERDALE FL 33308TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME KRAUTKRAMER GUNTER ☒ Change ☐ Addition
STREET ADDRESS 12000 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 331812725TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: Gunter Krautkramer

P

02/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)