

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000052020**

1. Entity Name

BERZNER HOLDINGS, INC.**FILED**
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90212 030 ***150.00

Principal Place of Business

**11063 SW 16 MANOR
DAIVE FL 33324**

Mailing Address

**11063 SW 16 MANOR
DAIVE FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0769764

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

**BERZNER, DAVID L
11063 SW 16 MANOR
DAIVE FL 33324**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **BERZNER, DAVID L**
STREET ADDRESS **11036 SW 16 MANOR**
CITY-ST-ZIP **DAIVE FL 33324**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8-8-00**
Date**452-5609**
Daytime Phone #

Attachment

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00080075

Berzner Holdings, Inc.

11063 SW 16 Manor
Davie, FL 33324-7146
(954) 452-5609

August 15, 2000

Divisions of Corporations
PO Box 1500
Tallahassee, FL 32302

To Who It May Concern,

I never received the first request for payment for my corporation. I called your 1-800 number and explained to them that I never received it. They instructed me to put it in writing and send a check for \$150.00. Which I have done. Please look at my past history and see that I have always paid on time.

Sincerely,


David Berzner