

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001638

1. Entity Name

BERRICK ENTERPRISES, INC.

Principal Place of Business

PO BOX 770191
CORAL SPGS FL 33077

Mailing Address

PO BOX 770191
CORAL SPGS FL 33077

2. Principal Place of Business

9200 N.W. 43 Ct.

3. Mailing Address

9200 N.W. 43 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

County

BROWARD

Zip

33065

County

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRICK, PAUL A
9200 NW 43 CT
CORAL SPGS FL 33065

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

Paul A. Berrick PAUL A. BERRICK, *FD*

4/11/01

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 PD
NAME BERRICK, PAUL A
STREET ADDRESS 9200 NW 43 CT
CITY-STATE-ZIP CORAL SPGS FL 33065 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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

Paul A. Berrick PAUL A. BERRICK

Date

4/11/01

Daytime Phone #

(954)

344-0317



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)