FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Bernard Bergstein, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

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FILED May 29, 2002 8:00 am Secretary of State

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1. Entity	CUMENT #FUS OC)W304	Z:	7			05-29-2	002 93592	029 ***158.75	
	Bergstein Corporation		_	J						
	Borgotom Corporation									
	DO NOT WRITE	IN THIS S	PAC	E						
	al Place of Business	3. Mailing Address								
5032 NW 24th Circle Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City &	State	City & State	•••	···				TIE IN THIS SI	AUL	
	Boca Raton, FL	Oity & State				4. FEI Numbe	65-0844	900	Applied For Not Applicat	
Zip 33	Country Country	Zip	Cour	ntry		5. Certificate	of Status Desired	X \$	8.75 Additional	
م وسيد				Name	7.	Name and A	ddress of Currer		ee Required Agent	<u> </u>
DO NOT WRITE					Bernard	ard Bergstein				
				Street	Audress (P.c 032 NW :	24th Circle		***************************************		
۱ <u>چ</u>	IN THIS SP	ACE				<u>- 130 91191</u>				_
•				City	Boca Ra	aton		FL	Z 33431	┪
8. The abo	ove named entity submits this statement for	the purpose of changing it	s registere	ed office o	or registered	agent, or both	ı, in the State of F		00431	-4
•						-				
SIGNATUR	Signature, typed or printed name of registered agent an	ឋ ម៉ៅច if applicable. (NO	TE: Registere	d Agent sign:	ture required who	en (oinstating)		DATE		Ì
9. This co	rporation is eligible to satisfy its Intangible	January 1 - I	May 1 Fe	e is \$15	0.00					
Tax filir	ig requirement and elects to do so. iteria on back)	After May Amende	d UBR i	s \$61.25	e di		tion Campaign Fi t Fund Contribution		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	Make Check Paya	ble to De	partmer	nt of State				, 10000 10 (000	
TITLE	President		TITLE							ᅥᇎ
NAME STREET ADDRES	Bernard Bergstein 5032 NW 24th Circle		NAME							12/0
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3. Thereby	certify that the information supplied with thi	s filing does not qualify for			ed in Section	119.07(3)(i).	Florida Statutos 1	further certify:	hat the information	-
of the co	certify that the information supplied with this d on this report or supplemental report is tru orporation or the receiver or trustee empore ent with an address with all other like empore	w and accurate and that mered to execute this report	iy signatu t as requi	re shall ha red by Ch	ave the same napter 607, F	e legal effect a lorida Statutes	s if made under o and that my nar	ath; that I am a	in officer or director Block 11 or on an	ĺ

04/23/2002

561-988-8335

Daytime Phone ₹