

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90082 046 ***158.75

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DOCUMENT # P99000009473

1. Entity Name
BERGERON PARK OF COMMERCE-NORTH, INC.

Principal Place of Business
**19612 SW 69TH PLACE
 FT LAUDERDALE FL 33332**

Mailing Address
**6861 S.W. 106TH AVENUE
 #146
 PEMBROKE PINES FL 33082**



2. Principal Place of Business

3. Mailing Address
19612 S.W. 69th PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. LAUDERDALE, FL.

4. FEI Number **65-0922196**

Applied For
 Not Applicable

Zip Country

Zip Country
33332 U.S.

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESAI, PHIL
 19612 SW 69TH PLACE
 FT LAUDERDALE FL 33332**

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 _____ (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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PV	BERGERON, RONALD M SR. 19612 SW 69 PL FORT LAUDERDALE FL 33332		
ST	DESAI, PHIL 19612 SW 69 PL FORT LAUDERDALE FL 33332		

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: _____

Phil Desai
Phil Desai

2-18-02

954-680-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)