

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90043 024 \*\*\*158.75

**DOCUMENT # P99000009478**

1. Entity Name  
**BERGERON GULFSTREAM, INC.**

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

Mailing Address  
**19612 SW 69TH PLACE  
FT LAUDERDALE FL 33332**

2. Principal Place of Business

3. Mailing Address

**6861 S.W. 196<sup>TH</sup> Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PENBROKE PINES, FL.**

Zip

Country

Zip

Country

**33332**

**BROWARD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGERON, RONALD M SR  
19612 SW 69TH PLACE  
FT LAUDERDALE FL 33332**

Name **PHIL DE SAI**

Street Address (P.O. Box Number is Not Acceptable)  
**19612 S.W. 69<sup>TH</sup> PL**

City **FORT LAUDERDALE** FL Zip Code **33332**

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]*

**PHIL DE SAI**

**2-21-01**

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 **P** ☐ Delete  
NAME **BERGERON, RONALD M**  
STREET ADDRESS **19612 SW 69TH PL**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

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

TITLE **ST** ☒ Delete  
NAME **NEGG, FRANK**  
STREET ADDRESS **19612 SW 69TH PL**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

TITLE **VP** ☐ Change ☒ Addition  
NAME **RONALD M. BERGERON, SR**  
STREET ADDRESS **19612 S.W. 69TH PLACE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33332**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☒ Change ☒ Addition  
NAME **PHIL DESAI**  
STREET ADDRESS **19612 SW. 69TH PLACE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33332**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD M. BERGERON, SR**

**2-21-01**

Date

**954-680-0223**

Daytime Phone #

CR2E034 (10/00)