

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 116**

City & State      City & State  
**PEMBROKE PINES, FL.**

Zip      Country      Zip      Country  
**33332**      **BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0922201**      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**

**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. 69TH 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 **PHIL DE SAI**      DATE **2-21-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BERGERON, RONALD M</b>	
STREET ADDRESS	<b>19612 SW 69TH PL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33332</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NESS, FRANK</b>	
STREET ADDRESS	<b>19612 SW 69TH PL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33332</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RONALD M. BERGERON, SR</b>	
STREET ADDRESS	<b>19612 S.W. 69TH PLACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33332</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHIL DESAI</b>	
STREET ADDRESS	<b>19612 SW. 69TH PLACE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33332</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 authority.

SIGNATURE: **RONALD M. BERGERON, SR**      DATE **2-21-01**      DAYTIME PHONE # **954-680-0223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)