

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2002 90082 047 ***158.75

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DOCUMENT # P99000009478

1. Entity Name
BERGERON GULFSTREAM, INC.

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

Mailing Address
**6861 SW 196TH AVENUE
 FT
 PEMBROKE PINES FL 33322**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
19612 S.W. 69th PL.
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

4. FEI Number **65-0922201**
 Applied For
 Not Applicable

Zip **33332** Country **U.S.**

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

6. Name and Address of Current Registered Agent
**DE SAI, PHIL
 19612 SW 69TH PLACE
 FT LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	P <input type="checkbox"/> Delete
NAME	BERGERON, RONALD M
STREET ADDRESS	19612 SW 69TH PL
CITY-ST-ZIP	FORT LAUDERDALE FL 33332
TITLE	VP <input type="checkbox"/> Delete
NAME	BERGERON, RONALD M SR
STREET ADDRESS	19612 SW 69TH PL
CITY-ST-ZIP	FORT LAUDERDALE FL 33332
TITLE	ST <input type="checkbox"/> Delete
NAME	DESAI, PHIL
STREET ADDRESS	19612 SW 69TH PLACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33332
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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 empowered.

SIGNATURE: PHIL DESAI **2-18-02** **954-680-0223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)