

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90107 026 ***158.75

DOCUMENT # **P99000009501**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19612 S.W. 69TH PL	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FORT LAUDERDALE, FL	City & State SAME
Zip 33332	Country U.S.

4. FEI Number 65-0922198	Applied For Not Applicable
5. Certificate of Status Desired R	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PHIL DESAI
Street Address (P.O. Box Number is Not Acceptable) 19612 S.W. 69TH PL
City FT. 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 _____ DATE _____
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RONALD H. BERGERON, S.R. 19612 S.W. 69TH PL. FT. LAUDERDALE, FL. 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P RONALD M. BERGERON, S.R. 19612 S.W. 69TH PL. FT. LAUDERDALE, FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PHIL DESAI 19612 S.W. 69TH PL. FT. LAUDERDALE, FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Phil Desai* **Phil Desai, S/T** 2-18-02 954-680-0223
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)