

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90021 022 \*\*\*150.00

**DOCUMENT # P99000010377**

1. Entity Name

**BERT'S STATION, INC.**

Principal Place of Business

**12398 S.W. 82ND AVE.  
 MIAMI FL 33156**

Mailing Address

**12398 S.W. 82ND AVE.  
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0941455**

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

**GARMAN, LENARD H  
 2655 LEJEUNE RD., PENTHOUSE 1-D  
 MIAMI FL 33134**

Name

**Lenard H Gorman**

Street Address (P.O. Box Number's Not Acceptable)

**12398 S. Dixie Hwy  
 Penthouse 1275**

City

**Oral Gables**

FL

Zip Code

**33146**

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, printed or typed name of registered agent and title if applicable.

**Lenard H. Gorman**

**4-27-01**

(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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FONTECILLA, CARLOS**  
 CITY-ST-ZIP **12398 S.W. 82ND AVE.  
 MIAMI FL 33156**

TITLE ☐ Change ☒ Addition  
 NAME **P.S.T**  
 STREET ADDRESS **CARLOS FONTECILLA**  
 CITY-ST-ZIP **12398 SW 82 AVE  
 MIAMI FL 33156**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carlos Fontecilla 4-27-01 (305) 255-4145**

Date

Daytime Phone #

CR2E034 (10/00)

0194252

**656129**



DO NOT WRITE IN THIS SPACE