

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013587

1. Entity Name

BERCO FINANCIAL GROUP CORPORATION

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90144 026 \*\*\*150.00

Principal Place of Business

Mailing Address

701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131-2847

2. Principal Place of Business

3. Mailing Address

782 NW Le Jeune Rd

782 NW Le Jeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#550

#550

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR 650911897

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

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

*Elizabeth Kenneally*  
Signature, typed or printed name of registered agent and title if applicable

*Elizabeth Kenneally*  
Signature, typed or printed name of registered agent and title if applicable

*4/5/00*  
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, 2000 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          | DPVP                            | <input type="checkbox"/> Delete |
| NAME           | ELIZABETH BENDECK KENNEALLY     |                                 |
| STREET ADDRESS | 782 N.W. LEJEUNE ROAD, STE. 550 |                                 |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33126            |                                 |
| TITLE          | ST                              | <input type="checkbox"/> Delete |
| NAME           | ANTONIO BENDECK                 |                                 |
| STREET ADDRESS | 782 N.W. LEJEUNE ROAD, STE. 550 |                                 |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33126            |                                 |
| 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"/> Delete |
| 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 |
| 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 |
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| 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:

*Elizabeth Kenneally*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/00*  
Date

*305-648-0888*  
Daytime Phone #

CR2E034 (9/99)