

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90012 028 ***150.00

DOCUMENT # P99000038954

1. Entity Name

BERKSHIRE CAPITAL GROUP, INC.

Principal Place of Business

**2880 FIRST AVENUE NORTH
 ST. PETERSBURG FL 33713**

Mailing Address

**2880 FIRST AVENUE NORTH
 ST. PETERSBURG FL 33713**

2. Principal Place of Business

6161 9th St North # 204

3. Mailing Address

P.O. Box 14022

Suite, Apt. #, etc.

St. Petersburg, FL 33703

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

4. FEI Number

59-3574142

Applied For

Not Applicable

Zip

Country

Zip

33733-4022

Country

USA

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

**HOOI, LILIES R
 2880 FIRST AVENUE NORTH
 ST. PETERSBURG FL 33713**

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

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

(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 **P**
 STREET ADDRESS **HOOI, LILIES**
 CITY-ST-ZIP **4701 COCONUT PALM CIRCLE NE P.O. Box 14022**
SAINT PETERSBURG FL 33703 33733-4022

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 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

Date

Daytime Phone #

4/25/01 (727) 528-2230

CR2E034 (10/00)