

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90664 001 \*\*\*450.00

**DOCUMENT # P99000058775**

1. Entity Name

**BERKSHIRE FINANCIAL SOLUTIONS, INC.**

Principal Place of Business

23116 SANDAL FOOT PLAZA DRIVE  
 SUITE # A  
 BOCA RATON FL 33428

Mailing Address

23116 SANDAL FOOT PLAZA DRIVE  
 SUITE # A  
 BOCA RATON FL 33428

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

**65-0905051**

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

APPLEBY, HOMER R  
 7301-A PALMETTO PARK ROAD  
 BOCA RATON FL 33433

Name

**GIRNUM MORRIS**

Street Address (P.O. Box Number is Not Acceptable)

**1810 SATEL DR**

City

**DEERFIELD BEACH FL**

Zip Code

**33442**

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]*

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	DP	<input type="checkbox"/> Delete
NAME	HEBERT, RONALD	
STREET ADDRESS	23116 SANDAL FOOT PLAZA DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOMINGUEZ, JOSEPH	
STREET ADDRESS	23116 SANDAL FOOT PLAZA DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZILKE, RON	
STREET ADDRESS	23116 SANDAL FOOT PLAZA DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	GCS	<input checked="" type="checkbox"/> Delete
NAME	APPLEBY, HOMER P	
STREET ADDRESS	3245 ST. JAMES DR.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.T. UP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRATTINI, ADRIANA	
STREET ADDRESS	23118 SANDAL FOOT SQ #A	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRNUM, MORRIS	
STREET ADDRESS	1810 SATEL DR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ANGELA	
STREET ADDRESS	23118 SANDAL FOOT SQ #A	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISKIN, JACK	
STREET ADDRESS	23118 SANDAL FOOT SQ #A	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINGUEZ, JOSE	
STREET ADDRESS	23118 SANDAL FOOT SQ #A	
CITY-ST-ZIP	BOCA RATON FL 33428	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime

CR2E034 (10/00)