

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90098-043-\$150.00-\$150.00

DOCUMENT # P99000107970

1. Entity Name

BERCOHILL, INC.

FILED

00 MAR 27 PM 2:36

Principal Place of Business

Mailing Address

SW 3RD AVENUE, PENTHOUSE
FL 33129

2600 SW 3RD AVENUE, PENTHOUSE
MIAMI FL 33129

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 SW 3RD AVE PH-A

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI

City & State

4. FEI Number

592482144

Applied For

Not Applicable

Zip

FL

Country

33129

Zip

Country

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

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD., 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

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, 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	D	<input type="checkbox"/> Delete
NAME	AL TABA, ERICH	
STREET ADDRESS	2600 SW 3RD AVE., PENTHOUSE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL TABA, CHRISTIAN	
STREET ADDRESS	2600 SW 3RD AVE., PENTHOUSE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

[Signature]

ERICH AL TABA

2/7/00

(305) 860-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)