

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90028 028 \*\*\*158.75

DOCUMENT # S20205

1. Corporation Name

BERBICE ENTERPRISES, INC.

Principal Place of Business

665 N.W. 195 TERR.  
MIAMI FL 33169  
US

Mailing Address

665 N.W. 195 TERRACE  
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1990

4. FEI Number

65-0229912

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CARTER, JAMES A  
665 NW 195TH TERR  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, JAMES A	
STREET ADDRESS	665 N.W. 195TH TERR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, JAMES A.	
STREET ADDRESS	665 N.W. 195TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	HILLMAN, PHILBERT L	
STREET ADDRESS	2801 N.W. 60 AVENUE	
CITY-ST-ZIP	SUNRISE FL 33313	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARTER, JAMES A, P.E.	
1.3 STREET ADDRESS	665 NW 195 TERR	
1.4 CITY-ST-ZIP	MIAMI, FL 33169	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONNA M. FRAZIER, MS	
2.3 STREET ADDRESS	3740 W. DAFFODIL LN	
2.4 CITY-ST-ZIP	MIRAMAR, FL 33025-3238	
3.1 TITLE	JAMES A. CARTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	665 NW 195 TER	
3.3 STREET ADDRESS	MIAMI, FL 33169	
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOARD MEMBER	
4.3 STREET ADDRESS	JENNIFER A. TURNBULL, MSN, LCSW	
4.4 CITY-ST-ZIP	9412 SW 20TH ST	
5.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	F. AMANDA Mc CONNER, MS	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIANE BAKER, BA	
6.3 STREET ADDRESS	3551 NW 194 TERR	
6.4 CITY-ST-ZIP	MIAMI FL 33055	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)