

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20205

1. Entity 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

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

65-0229912

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

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P.  
CARTER, JAMES A P.E.  
665 N.W. 195TH TERR  
MIAMI FL 33169

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
FRAZIER, DONNA M MS  
3740 W. DAFFODIL LN  
MIRAMAR FL 33025-3238

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

HILLIMAN, PHILBERT L  
2801 NW 60 AVE  
SUNRISE, FL 33313.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CFO  
HILLIMAN, PHILBERT L  
2801 N.W. 60 AVENUE  
SUNRISE FL 33313

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

CFO  
HILLIMAN, PHILBERT L  
2801 NW 60 AVE.  
SUNRISE FL 33313.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BM  
TURNBULL, JENNIFER A  
9412 SW 20TH ST  
MIRAMAR FL 33025

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BM  
BAKER, DIANE BA  
3551 NW 194 TERR  
MIAMI FL 33055

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

9/19/00

Date

(305) 372-6806.

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)