

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90090 011 \*\*\*150.00

DOCUMENT # S39780

1. Entity Name

BERLIN ENTERPRISES, INC.

Principal Place of Business

11801 SPANISH LAKE DR  
TAMPA FL 33635

Mailing Address

11801 SPANISH LAKE DR  
TAMPA FL 33635

2. Principal Place of Business

9731 CONSERVATION DR.

3. Mailing Address

9731 CONSERVATION DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL.

City & State

New Port Richey, FL.

Zip

34655

Country

PASCO

Zip

34655

Country

PASCO

4. FEI Number

59-3054918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERLIN, PAUL E.  
11801 SPANISH LAKE DR  
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name: Berlin Paul E.  
Street Address (P.O. Box Number is Not Acceptable):  
9731 CONSERVATION DR.  
New Port Richey FL 34655

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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BERLIN, PAUL	
STREET ADDRESS	11801 SPANISH LAKE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERLIN, PAUL	
STREET ADDRESS	11801 SPANISH LAKE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERLIN, JOAN	
STREET ADDRESS	11801 SPANISH LAKE DRIVE	
CITY-ST-ZIP	TAMPA FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berlin, Paul	
STREET ADDRESS	9731 CONSERVATION DR.	
CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berlin, Paul	
STREET ADDRESS	9731 CONSERVATION DR.	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berlin, Joan	
STREET ADDRESS	9731 CONSERVATION DR.	
CITY-ST-ZIP	New Port Richey FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Paul Berlin (Paul Berlin)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01 727-376-4218

Date

Daytime Phone #

CR2E034 (10/00)