

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90042 014 ***158.75

DOCUMENT # 610610

1. Entity Name

BERNUTH AGENCIES, INC.

Principal Place of Business

**3201 NW 24TH ST RD
MIAMI FL 33142
US**

Mailing Address

**3201 NW 24TH ST RD
MIAMI FL 33142
US****004587**

DO NOT WRITE IN THIS SPACE

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 **59-1989411**

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

**MONOCANDILOS, JORDAN
3201 N.W. 24TH STREET ROAD
MIAMI FL 33142**

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, 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	PD	☐ Delete
NAME	MONOCANDILOS, JORDAN	
STREET ADDRESS	3201 N.W. 24TH ST. RD.	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	☐ Delete
NAME	MONOCANDILOS, THEODORA	
STREET ADDRESS	3201 N.W. 24TH ST. RD.	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	☐ Delete
NAME	ISERN, JORGE E.	
STREET ADDRESS	3201 N.W. 24TH ST. RD	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	☐ Delete
NAME	DIAZ, LILIA A.	
STREET ADDRESS	3201 N.W. 24TH ST. RD.	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	☒ Delete
NAME	LAMBRACOPOULOS, JOHN	
STREET ADDRESS	3201 N.W. 24TH ST. RD.	
CITY-ST-ZIP	MIAMI FL	

TITLE	V	☐ Change ☒ Addition
NAME	MONOCANDILOS, NICOLAS	
STREET ADDRESS	3201 NW 24th ST RD	
CITY-ST-ZIP	MIAMI, FL 33142	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)