

2001 UNIFORM BUSINESS REPORT (UBR)

000441 AF

DOCUMENT # A97000002202

1. Entity Name
BERN-CHUCK, W-2, LTD.

FILED

01 MAY 23 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

Principal Place of Business
**C/O THE LIDO SPA
40 ISLAND AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**C/O THE LIDO SPA
40 ISLAND AVENUE
MIAMI BEACH FL 33139**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0767241**
Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EDELSTEIN, AARON J
C/O THE LIDO SPA
40 ISLAND AVENUE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,470,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000056043 EDELSTEIN ENTERPRISES, INC. 40 ISLAND AVENUE MIAMI BEACH FL 33139
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	200004421138-3 -06/14/01--01123--014 *****437.50 *****437.50
STREET ADDRESS CITY-ST-ZIP	888884421138-3 -06/14/01--01123--015 *****80.75 *****80.75
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Aaron J Edelstein* **Aaron J Edelstein** 4/15/01 305 538-4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)