

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90093 021 \*\*\*150.00

0205808 AV

**DOCUMENT # K23096**

1. Entity Name  
**THE BERNER COMPANY**



Principal Place of Business  
**801 MADRID ST STE 102 (33134)  
SUITE 202  
CORAL GABLES FL 33114-0219  
US**

Mailing Address  
**PO BOX 140219  
CORAL GABLES FL 33114-0219  
US**

2. Principal Place of Business  
**301 N.W. 62nd Avenue**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

Zip  
**33126-4653**

Country  
**MIAMI-DADE**

Zip

Country

4. FEI Number  
**65-0057527**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MUNIZ, HORTENSIA C.**  
**801 MADRID ST STE 102 (33134)**  
**SUITE 202**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**301 N.W. 62nd Avenue**

City  
**Miami, FL**

Zip Code  
**33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSV MUNIZ, HORTENSIA C. 301 N.W. 62ND AVE MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MUNIZ, HORTENSIA C. 301 N.W. 62ND AVE MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hortensia C. Muniz **HORTENSIA C. MUNIZ** 4/7/03 305-444-4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)