

03-19-2003 90141 044 ***150.00

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

DOCUMENT # P02000076272
 1. Entity Name
BERT BAIL BONDS, INC.

55033174

Principal Place of Business Mailing Address
 2520 SOUTHWEST 22 STREET, #2-328 2520 SOUTHWEST 22 STREET, #2-328
 MIAMI, FL 33146 MIAMI, FL 33146

2. Principal Place of Business 3. Mailing Address
 19 WEST FLAGLER STREET Suite, Apt. #, etc.
 Suite, Apt. #, etc. # 808
 # 808 City & State
 MIAMI, FLORIDA City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For --
 03-0425734 NOT APPLICABLE

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

6. Name and Address of Current Registered Agent
 VELUNZA, BERT
 2520 SOUTHWEST 22 STREET, #2-328
 MIAMI, FL 33146

7. Name and Address of New Registered Agent
 Name HYBRID CORPORATION
 Street Address (P.O. Box Number is Not Acceptable)
 2520 SW 22 STREET
 # 2-328
 City MIAMI FL Zip Code 33146

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 BERT VELUNZA 03-03-03
Signature, by name of registered agent, and date of application. (NOTE: Page 9-11) Agent Signature required after establishment.

FILE NOW WITH FEES \$1,800.00
 A FILING FEE OF \$150.00 WILL BE ADDED TO
 MAKE CHECK PAYABLE TO THE SECRETARY 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	TITLE	NAME
<input type="checkbox"/> Delete	VELUNZA, BERT 2620 SOUTHWEST 22 STREET, #2-328 MIAMI, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 to this address, with attached the empowered.

SIGNATURE: BERT VELUNZA 03-03-03 (305) 285-0808
Signature and Title of person signing as officer or director Date Daytime Phone #

CRE034 (10/02)