

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00069**

1. Entity Name
BERNEL ASSOCIATES, L.C.

FILED

00 APR 11 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
752 W. FLAGLER ST
MIAMI FL 33130

Mailing Address
752 W. FLAGLER ST
MIAMI FL 33130-1248

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0088963** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLOTZ, MARIANN
752 WEST FLAGLER ST., #105
MIAMI FL 33130

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **M** Delete
NAME **FRANK, LESTER H.**
STREET ADDRESS **752 WEST FLAGLER STREET, SUITE 105**
CITY-ST-ZIP **MIAMI FL 33130**

Change Addition

TITLE **M** Delete
NAME **FRANK, BERNICE E.**
STREET ADDRESS **752 WEST FLAGLER STREET, SUITE 105**
CITY-ST-ZIP **MIAMI FL 33130**

500003223125-5
-04/25/00--01067--017
*****50.00 *****50.00

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition
dcc

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Bernice E. Frank* Bernice E. Frank 4/5/00 305-045-8927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Post-Air mail 2152 826 575

CR2E083 (9/99)