

# 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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>M</b> <b>FRANK, LESTER H.</b> 752 WEST FLAGLER STREET, SUITE 105 MIAMI FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>M</b> <b>FRANK, BERNICE E.</b> 752 WEST FLAGLER STREET, SUITE 105 MIAMI FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>500003223125-5</b> <b>-04/25/00--01067--017</b> <b>*****50.00 *****50.00</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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-Box mail 2152 826 575

CR2E083 (9/99)