## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 626683** May 16, 2000 8:00 am Secretary of State 1. Entity Name BERNARDO SARUSKI AND ASSOCIATES, INC. 05-16-2000 90086 040 \*\*\*150.00 Principal Place of Business Mailing Address 7560 S.W. 109TH TERRACE 717 PONCE DE LEON SUITE 337 MIAM! FL 33156-3860 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1912440 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SARUSKI, BERNARDO Street Address (P.O. Box Number is Not Acceptable) 7560 S.W. 109TH TERRACE MIAMI FL City 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) 9. This corporation is eligible to satisfy its Intangible, FILE NOW!!! FEE IS \$150.00 10.-Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE Change SARUSKI. BERNARDO NAME NAME STREET ADDRESS 7560 S.W.109TH TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL STD Delete TITI F Change ☐ Addition TITLE SARUSKI, REBECA NAME NAME STREET ADDRESS STREET ADDRESS 7560 S.W. 109TH TERR CITY-ST-7IP CITY-ST\_ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE ÷Ε NAME , p NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 employeemed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truste changed, or on an attachment with an ad SIGNATURE: Daytime Phone # AME OF SIGNING OFFICER OR D