

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 021 ***150.00

DOCUMENT # **626683**

1. Entity Name

BERNARDO SARUSKI AND ASSOC, INC.

Principal Place of Business

**717 PONCE DE LEON
 ST 337**

Mailing Address

**7560 S.W. 109th TERRACE
 MIAMI
 FL 33156**

2. Principal Place of Business

COMAL GABLES FL 33134

3. Mailing Address

**7560 S.W. 109th TERRACE
 MIAMI
 FL 33156**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1912440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERNARDO SARUSKI
 7560 S.W. 109th TERRACE
 MIAMI FL 33156**

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	TITLE	TITLE	
SARUSKI BERNARDO			<input type="checkbox"/> Change <input type="checkbox"/> Addition
7560 S.W. 109th TERRACE			
MIAMI FL 33156			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

5/29/02