Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

2002 Uniform Business Report (UBR)							FILED			
DOCUMENT # 641894 1. Entity Name							Apr 07, 2002 8:00 am Secretary of State			
BERNAR	RDO OLCZYK, COR	PORATION					04-07-2002 9005			
Principal Place of Business 288 NE 2ND STREET MIAMI FL 33132-2213			Mailing Address 288 NE 2ND STREET MIAMI FL 33132-2213					11 11111 1184 1311)	1111 1111 1111 1111 1151 ;	
2. Principal	Place of Business		3. Mailing Address			_		/ 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	El Number 59-1944501		Applied For Not Applicable	
Zip	Zip Country		Zip Count		iry	5. C	Certificate of Status Desired [\$8.75 Fee Re	Additional	
	6. Name and Address	s of Current Rec	gistered Agent:		Name	- 7. N	lame and Address of New Regis	tered Agent~		
OLCZYK, BERNARDO						(P.O. Box Number is Not Acceptable)				
4225 N MERIDIAN AVE MIAMI BEACH FL 33140				-			<u> </u>			
				}	City		*4	FL Zip	Code	
8. The above	e named entity submits this	statement for th	e purpose of changing its	registere	d office or regist	ered age	ent, or both, in the State of Florida			
SIGNATURE	Signature, typed or printed name of	registered agent and t	ittle it applicable. (NOT	F Registered	I Agent signature requin	red when rei	netating)	DATE		
Tax filing	oration is effgible to satisfy i requirement and elects to c eria on back)		FILE NOW! After May 1, 20 Make Check Payab	!!! FEE I 02 Fee v	IS \$150.00 will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ing _ \$	55.00 May Be	
11.		FICERS AND DIR	ECTORS	12.		ADE	DITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLCZYK, BERNARDO 4225 N. MERIDIAN AV MIAMI BEACH FL 331	VENUE	☐ Delete	ll l				☐ Cha	inge 🔲 Addition	
TITLE	77		Delete	TITLE				☐ Cha	nge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP				11	T ADDRESS ST-ZIP					
TITLE		W = 4	n- en to to the control of the cont	TITLE	1	* -		☐ Char	nge 🖸 Addition	
STREET ADDRESS CITY-ST-ZIP				STREE	T ADDRESS ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS			☐ Char	nge 🗌 Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	T ADDRESS			☐ Char	nge 🔲 Addition	
13. I hereby of indicated				CITY-S	ST-ZIP		•		1	