

2002 UNIFORM BUSINESS REPORT (UBR)

0003300

DOCUMENT # A31700

1. Entity Name

BARDANA, LTD.

FILED
May 08, 2002 8:00
Secretary of State

Principal Place of Business

44076A BLYX SUITE 402
PALM BEACH GARDENS FL 33410

Mailing Address

44076A BLYX SUITE 402
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

10378 CYPRESS LAKES DR

Suite, Apt. #, etc.

3. Mailing Address

10378 CYPRESS LAKES DR

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

65-0273135

Applied For

Not Applicable

Zip

32223

Country

USA

Zip

32223

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SHERRI P. COHEN

Street Address (P.O. Box Number is Not Acceptable)

10378 CYPRESS LAKES DR

City

JACKSONVILLE

FL

Zip Code

32223

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.

5-7-2002

DATE

9. Capital Contributions as Shown on record.

\$5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	COHEN, NORMAN S M.D.	10378 CYPRESS LAKES DR.	JACKSONVILLE FL 32223
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	COHEN, SHERRI P	10378 CYPRESS LAKES DR.	JACKSONVILLE FL 32223
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	
CITY-ST-ZIP	900005609769--5
STREET ADDRESS	-05/24/02--01029--003
CITY-ST-ZIP	***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-7-2002

904.5389909

Date

Daytime Phone #

CR2E003 (9/01)

May 7, 2002


Uniform Business Report
Division of Corporations
Registration Section
P O Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I have enclosed a check for \$141.25. I realize the payment and filing was due by May 1, 2002.

I was out of town from April 26, 2002 through May 4, 2002. My mail was being held and I did not receive the notice until after the due date. Please accept my payment as I have always been prompt in filing in the past.

Thank You


Sherri Cohen