

2002 UNIFORM BUSINESS REPORT (UBR)

0000691 AT

DOCUMENT # A97000002202

1. Entity Name
BERN-CHUCK, W-2, LTD.

FILED

02 SEP 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O THE LIDO SPA
40 ISLAND AVENUE
MIAMI BEACH FL 33139

Mailing Address
C/O THE LIDO SPA
40 ISLAND AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0767241

Applied For

Not Applicable

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

EDELSTEIN, AARON J
C/O THE LIDO SPA
40 ISLAND AVENUE
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,470,000.00

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 # P97000056043
NAME EDELSTEIN ENTERPRISES, INC.
STREET ADDRESS 40 ISLAND AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

100007851201--8

CITY-ST-ZIP

-09/19/02--01061--017

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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:

Aaron J Edelstein Edels te in 9/6/02 305-538-4621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)