

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90005 028 ***150.00

DOCUMENT # F94000006424

1. Entity Name

BERNARDI & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

PO BOX 1925
 NOGALES AZ 85628

PO BOX 1925
 NOGALES AZ 85628-1925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0271594

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

7. Name and Address of New Registered Agent

DE LA OSSA, JOE
7991 GEORGINA BAY CIRCLE
APT #105
FT MYERS FL 33912

Name

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

7991 GEORGIAN BAY CIRCLE

APT # 105

City

FT MYERS

FL

Zip Code

33912

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARDI, AL	
STREET ADDRESS	372 RIO RICO DR	
CITY-ST-ZIP	RIO RICO AZ 85648	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOSEPH F	
STREET ADDRESS	374 RIO RICO DR	
CITY-ST-ZIP	RIO RICO AZ 85648	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOAN M	
STREET ADDRESS	372 RIO RICO DR	
CITY-ST-ZIP	RIO RICO AZ 85648	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARDI, CATHERINE H	
STREET ADDRESS	972 RIO RICO DR	
CITY-ST-ZIP	RIO RICO AZ 85668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, JOSEPH F.	
STREET ADDRESS	559 FRONTAGE RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, ALBERT A.	
STREET ADDRESS	559 FRONTAGE RD.	
CITY-ST-ZIP	NOGALES AZ 85621	
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, JOAN M.	
STREET ADDRESS	559 FRONTAGE RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, CATHERINE H.	
STREET ADDRESS	559 FRONTAGE RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Joe Bernardi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00
 Date

520-221-4011
 Daytime Phone #

CRP2004 (9/99)