## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # H55240** May 13, 2000 8:00 am 1. Entity Name Secretary of State 1890 ENTERPRISES, INC. 05-13-2000 90048 034 \*\*\*150.00 Principal Place of Business Mailing Address P.O.BOX-14-0753- 26-68/5 C/O RICHARD BERNARD 200 SEVILLA AVE. STE 215 CORAL CABLES FL 30134 33326 2. Principal Place of Business 8020 W. ZOAVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 59-2513572 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERNARD, RICHARD P Street Address (P.O. Box Number is Not Acceptable) -900 SEVILLA AVE. -STE 215 -CORAL CABLES FL 33134 Zip Cod 0/6 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change ☐ Addition TITLE ☐ Delete TITLE NAME BERNARD, RICHARD RO. BOX 26-6815 STREET ADDRESS STREET ADDRESS 300 SEVILLA AVE. STE 215 WESTON, FL 33326 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL **X** Change Addition Delete TITLE TITLE P.O. BOX 26-6815 WESTON FL 33326 NAME NAME PEDVIS, CAROL STREET ADDRESS STREET ADDRESS -<del>300 SEVILLA AVE #2</del>15 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 a loner like empowered.