

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90570 039 ****50.00

DOCUMENT # L02000026734

1. Entity Name

UNCLE BERNIE'S LLC



Principal Place of Business

Mailing Address

**780 NORTHWEST LEJEUNE ROAD STE. 516
MIAMI FL 33126**

**780 NORTHWEST LEJEUNE ROAD STE. 516
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-7297116

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA,P.A.
1840 SOUTHWEST 22 STREET 4TH FL
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Aurelio A. Piedra**
Street Address (P.O. Box Number is Not Acceptable)
**780 NW Le Jeune Rd.
516**
City **Miami** FL Zip Code **33126**

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

Aurelio A. Piedra CPA 2/20/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MERM	☐ Delete
NAME	Bernardo A. Fernandez	
STREET ADDRESS	780 NW Le Jeune Rd, Ste 516	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	MER	☐ Delete
NAME	Amelia Armanino de Fernandez	
STREET ADDRESS	780 NW Le Jeune Rd, Ste 516	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	MER	☐ Delete
NAME	Carlos A. Hansen	
STREET ADDRESS	1591 Banyan Way	
CITY-ST-ZIP	Weston, FL 33327	
TITLE	MER	☐ Delete
NAME	Monica M. Fernandez de Hansen	
STREET ADDRESS	1591 Banyan Way	
CITY-ST-ZIP	Weston, FL 33327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Aurelio A. Piedra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/03 305 443 7128

Date Daytime Phone #

CR2E083 (10/02)