FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State
06-30-2003 90064 043 ***150.00

DOCUMENT # L40848

1. Entity Name
BERNMOR, INC.

DO NOT WRITE IN THIS SPACE

55051435

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2. Principal Place of Business	3. Mailing Address
c/o MORTON GOODMAN	1701 GULF OF MEXICO DR.
Suite, Apt. #, etc. APT 206	Suite, Apt. #, etc. APT 206
City & State LONGBOAT KEY FL	City & State LONGBOAT KEY FL
Zip 34228-3420 Country SARASOTA	Zip 34228-3420 Country SARASOTA

4. FEI Number 65-0167542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name MORTON GOODMAN

Street Address (P.O. Box Number is Not Acceptable) 1701 GULF OF MEXICO DR

City LONGBOAT KEY FL Zip Code 34228-3420

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	GOODMAN, JONATHAN
STREET ADDRESS	17 BRIAR LANE
CITY-ST-ZIP	EAST HILLS, NY 11577
TITLE	SEC., TRES.
NAME	GOODMAN, BERNICE
STREET ADDRESS	1701 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY FL 34228-3420
TITLE	DIRECTOR
NAME	GOODMAN, MORTON
STREET ADDRESS	1701 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY FL 34228-3420
TITLE	
NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Morton Goodman MORTON GOODMAN, DIR. 6/26/03 941 383-6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #