FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90099 040 ***150.00

DOCUMENT # P00000013557

1. Entity Name
BARD REALTY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1410 SW 8th ST	c/o Coast to Coast
Suite, Apt. #, etc.	Suite, Apt. #, etc. Box 160189
City & State: Pompano Beach FL	City & State: Miami FL
Zip: 33069 Country: Broward	Zip: 33116-0189 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-097 5647 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter Daniels

Street Address (P.O. Box Number is Not Acceptable): 1410 SW 8th ST

Pompano Beach FL Zip Code 33069

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 _____ 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Peter Daniels - President 1410 SW 8th ST Pompano Beach FL 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Richard Marcus - V.P 1410 SW 8th ST Pompano Beach FL 33069
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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: _____ Peter Daniels 2/3/03 786 293 7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #