2002 Uniform Business Report (UBR)

2002	2 UNIFORM	a Busii	NESS REPO	T R((៣នា	R)		FI] Mar 13, 2	LED 2002		0 am			
DOCUMENT # P0000042729							Secretary of State							
1. Entity Nam BERNHA	RDT BUILDING A							03-13-2002 90	-					
Principal Place of Business 2520 NW 2ND AVENUE BOCA RATON FL 33431			Mailing Address 648 EAST CONFERENCE DRIVE BOCA RATON FL 33486				2 1 1 4 A							
2. Principal P	lace of Business		3. Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State			City & State				4. FEI Number 65-1026455 Applied For Not Applicable							
Zip	ip Country		Zip	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					litional				
	6. Name and Addre	ss of Current Re	gistered Agent	<u></u>		7.	. Na	me and Address of New Re		<u> </u>				
DEDNILLADOT IOUN					Name,									
BERNHARDT, JOHN 648 EAST CONFERENCE DRIVE					Street A	ddress (P.O). Box	Number is Not Acceptable)						
	TON FL 33486													
					City				FL	Zip Cod	Э			
8. The above	named entity submits th	is statement for the	ne purpose of changing its	registe	red office or	registered a	agen	t, or both, in the State of Flori	da.	·				
											}			
SIGNATURE	Signature, typed or printed name	of registered agent and	title if applicable. (NOT	E: Register	ed Agent signatu	ure required when	n reins	tating)	DATE					
Tax filing requirement and elects to do so. After May 1,					III FEE IS \$150.00 002 Fee will be \$550.00 ble to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
11.		FFICERS AND DI	1	12.			ADDI	TIONS/CHANGES TO OFFIC	FRS AND (DIRECTORS	S IN 11			
TITÉE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNHARDT, JOHN 648 EAST CONFERI BOCA RATON FL 33	ENCE DRIVE	☐ Delete	TITI NAP STR	.E			10,0,0,0,0,0		Change	Addition			
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NAME STREET ADDRESS				NAM STR	re Eet address									
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NAME			∟ Detete	NAN					ı	— ∧uen∂e	- Addition			
STREET ADDRESS CITY-ST-ZIP				ll l	eet address /-st-zip									
13. I hereby of indicated of the cor	on this report or suppler poration or the receiver o	nental report is tri or trustee empow	ie and accurate and that n	the exempt signal as requ	emption stat	ave the same	ne len	9.07(3)(i), Florida Statutes. I fi al effect as if made under oa Statutes; and that my name a	th that I am	n an officer	or director			

SIGNATURE: Weight Bental Wendy N. Bernhardt 2/23/02 561-362-0719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date