FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90148 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057896

1. Entity Name
THE BIERMAN GROUP, INC.

Principal Place of Business	Mailing Address
17150 NE 19 AVE. NORTH MIAMI BEACH, FL 33162	17150 NE 19 AVE. NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business		3. Mailing Address	
3400 Griffin Road		3400 Griffin Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dania, Florida		City & State: Dania, Florida	
Zip: 33312	Country: USA	Zip: 33312	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1013048 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIERMAN, RANDY 17150 NE 19 AVE. NORTH MIAMI BEACH, FL 33162	Name: Bierman, Randy Street Address (P.O. Box Number is Not Acceptable): 3400 Griffin Road City: Dania FL Zip Code: 33312

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.

X SIGNATURE: [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIERMAN, RANDY 17150 NE 19 AVE. NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bierman, Randy 3400 Griffin Road Dania, FL 33312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

X SIGNATURE: [signature] 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)