

5/10

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 11, 2002 8:00 am
Secretary of State

05-10-2002 90043 026 ***150.00

DOCUMENT # P01000016328**1. Entity Name**
BERNIE ASSOCIATES, INC.**Principal Place of Business**
2872 NW 28 ST
BOCA RATON FL 33434**Mailing Address**
2872 NW 28 ST
BOCA RATON FL 33434**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1081996

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****SAN FILIPPO, MARSHA**
2872 NW 28 ST
BOCA RATON FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐
Trust Fund Contribution**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
President, TREAS. SECY
MARSHA SAN FILIPPO
2872 NW 28 St
Boca Raton, FL 33434**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
Philip San Filippo
2872 NW 28 Street
BOCA RATON, FL 33434**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
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CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA SAN FILIPPO
PRES.

Date

Daytime Phone #

4/22/02 561-483-6957

CR2E034 (9/01)