

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90308 013 ***150.00

DOCUMENT # **P01000101694**

1. Entity Name

Bardes Services Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Bardes Services Inc.

3. Mailing Address

Bardes Service Inc.

Suite, Apt. #, etc.

1065 NW 83rd Ave.

Suite, Apt. #, etc.

1065, NW 83rd Ave.

City & State

Coral Springs, FL.

City & State

Coral Springs, FL.

Zip

33071

Country

Broward

Zip

33071

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3749919

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANANDRAM BARDEO

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

1065 NW 83rd Ave.

City

Coral Springs

FL

Zip Code

33071

**DO NOT WRITE
IN THIS SPACE**

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

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
**P
ANANDRAM BARDEO
1065 NW 83rd Ave.
Coral Springs, FL, 33071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Anandram Bardeo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-03 (954) 255-5863

Date

Daytime Phone #

CR2E034B (12/02)