FILED
May 09, 2003 8:00 am
Secretary of State
04-21-2003 90350 006 ***150.00

4/21/

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030107

1. Entity Name

BERAND ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

55039186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7951 SW 40TH STREET	7951 SW 40TH STREET
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155 Country: US	Zip: 33155 Country: US

4. FEI Number: 41-2037460 — 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: OSVALDO J. DIAZ

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

7951 SW 40TH STREET, SUITE 206

City: MIAMI FL Zip Code: 33155

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: _____ DATE: 5/2/03

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manually signing)

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	PTD RIOS, ANDRES 15890 NW 7 AVENUE, MIAMI, FL 33169	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD TORRES, ALBERT 15890 NW 7 AVENUE, MIAMI, FL 33169	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete Albert Torres as VSD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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GR2F03248 (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: _____ 4/17/03 305-261-6251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone