2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091200



FILED Mar 12, 2003 8:00 am Secretary of State

1. Entity Name BERNHARDT VENTURES INC.				03-12-2003 90091 03	7 ***150.00	
Principal Place of Business 540 BRICKELL KEY DRIVE 1414 MIAMI FL 33131 2. Principal Place of Business No Chames		Mailing Address 540 BRICKELL KEY DR 1414 MIAMI FL 33131 3. Mailing Address No Change				
Suite, Apt.	. #, et€.	Suite, Apt. #, ete.		☐ CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 52 - 238 3223	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered A		
· · · · · · · · · · · · · · · · · · ·			Name	1		
BERNHARDT, MATTHEW J 540 BRICKELL KEY DRIVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
1414]	
MIAMI FL 33131			City	City FL Zip Code		
the obligat	ions of registered agent. Matthus Services Signature, typed or printed name of registered age	hoff	Its registered office of regis	tered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
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 AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNHARDT, MATTHEW J 540 BRICKELL KEY DRIVE #14 MIAMI FL 33131	☐ Delete •	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 ' CHTY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305 831-4486