

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P23000131257

1. Entity Name

A WEEKEND AT BERNI'S INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 SAN MARCO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
ISLAMORADA, FL

City & State

Zip
33036

Country
MONROE

Zip
33036

Country
US4

4. FEI Number
80-0081662

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
LAURA BERNI

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

100 SAN MARCO

ISLAMORADA

City
FL

Zip Code
33036

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

Laura Berni

3/30/04

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

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Laura Berni 100 SAN MARCO ISLAMORADA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000031986584 04/06/04--01032--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President JOAN BERNI 100 SAN MARCO ISLAMORADA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

Laura Berni

3/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #