

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

ATX1

DOCUMENT # <i>P23000131257</i>	
1. Entity Name	
A WEEKEND AT BERNI'S INC	

FILED

04 APR -7 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 SAN MARCO DRIVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA, FL		City & State	
Zip 33036	Country MONROE	Zip 33036	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0081662		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name LAURA BERNI		
	Street Address (P.O. Box Number is Not Acceptable) 100 SAN MARCO		
	City ISLAMORADA		
	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* **DATE** *3/30/04*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Laura Berni 100 SAN MARCO ISLAMORADA FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400031986584 04/06/04--01032--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Joan Berni 100 SAN MARCO ISLAMORADA FL</i>	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
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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* **DATE** *3/30/04* **Daytime Phone #** *(251) 472220*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR