

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 006 ***158.75

DOCUMENT # P 92000011009

1. Entity Name
BARD DESIGN, INC.

DO NOT WRITE IN THIS SPACE

B0058846

2. Principal Place of Business 452 Poinciana Isl. Dr. Suite, Apt. #, etc.		3. Mailing Address 452 Poinciana Isl. Dr. Suite, Apt. #, etc.	
City & State Sunny Isles, FL	City & State Sunny Isles, FL	Zip 33160	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0377799	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Linda Bard	
	Street Address (P.O. Box Number is Not Acceptable) 452 Poinciana Isl. Dr.	
	City SUNNY ISLES	State FL
	Zip Code 33160	

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME LINDA BARD	TITLE	NAME
STREET ADDRESS 452 Poinciana Isl. Dr.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Sunny Isles, FL - 33160	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Bard LINDA BARD 3/25/02 305-354-2273

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

CR2E034B (12/01)