

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027389

1. Entity Name

A. BERNARD BOOKKEEPING & TAX SERVICE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90199 010 ***150.00

Principal Place of Business

16201 S.W. 95TH AVE.
SUITE 109
MIAMI FL 33157

Mailing Address

16201 S.W. 95TH AVE.
SUITE 109
MIAMI FL 33157-1928

2. Principal Place of Business

9032 SW 152ND STREET

3. Mailing Address

9032 SW 152ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0480440

Applied For

Not Applicable

Zip

33157

Country
USA

Zip

33157

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARD, ANTHONY
16201 S.W. 95TH AVE.
SUITE 109
MIAMI FL 33157

Name

ANTHONY BERNARD

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

9032 SW 152ND STREET

City
MIAMI

FL

Zip Code
33157

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/03/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BERNARD, ANTHONY
16201 S.W. 95TH AVE., SUITE 109
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/00

Date

305-251-4591

Daytime Phone #

CR2E034 (9/99)