

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068869

1. Entity Name

BHD ARTWORKS, CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90055 019 ***150.00

Principal Place of Business

1617 N FLAGLER DR
 SUITE 3A
 WEST PALM BEACH FL 33480

Mailing Address

P.O. BOX 549
 PALM BEACH FL 33480-0549
 US

2. Principal Place of Business

726 N STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

Zip

Country

Zip

Country

33401

4. FEI Number

65-0687314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FINLEY, CHANDLER R
 1645 PALM BEACH LAKES BLVD
 SUITE 520
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☒

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNHARD, MANFRED	
STREET ADDRESS	1617 N FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNHARD, RUTH	
STREET ADDRESS	2982 CLAY ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94115	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNHARD, KARL	
STREET ADDRESS	RT 1 CHASEROAD BOX 552	
CITY-ST-ZIP	AFTON NY 13730-9773	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNHARD, E. ALEXANDER	
STREET ADDRESS	2 BECKETS PLACE LOWER TREDDINGTON ROAD	
CITY-ST-ZIP	SURREY KT1 4EQ ENGLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHARD, MANFRED	
STREET ADDRESS	726 N STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.00

Date

561-659-3445

Daytime Phone #

CR2E014 (3/98)