

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90834 001 \*\*\*150.00

**DOCUMENT # P96000068869**

1. Entity Name  
**BHD ARTWORKS, CORP.**

Principal Place of Business <b>726 N STREET          WEST PALM BEACH FL 33401</b>	Mailing Address <b>P.O. BOX 549          PALM BEACH FL 33480-0549          US</b>
--	--

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0687314**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name **MANFRED BERNHARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**726 N STREET**  
 City **WEST PALM BEACH**      FL      Zip **33401**

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 **MANFRED BERNHARD, DIRECTOR**      DATE **4.23.01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BERNHARD, MANFRED</b>		NAME:	
STREET ADDRESS: <b>726 N STREET</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BERNHARD, RUTH</b>		NAME:	
STREET ADDRESS: <b>2982 CLAY ST</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>SAN FRANCISCO CA 94115</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BERNHARD, KARL</b>		NAME:	
STREET ADDRESS: <b>RT 1 CHASEROAD BOX 552</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>AFTON NY 13730-9773</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BERNHARD, E. ALEXANDER</b>		NAME:	
STREET ADDRESS: <b>2 BECKETS PLACE LOWER TREDDINGTON ROAD</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>SURREY KT1 4EQ ENGLAND</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: **MANFRED BERNHARD, 4.23.01, 561.659.3445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)