

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90188 044 ***150.00

DOCUMENT # P96000068869

1. Entity Name
BHD ARTWORKS, CORP.



Principal Place of Business
726 N STREET
WEST PALM BEACH FL 33401

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

2. Principal Place of Business
728 1/2 N STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State

4. FEI Number **65-0687314**

Applied For

Not Applicable

Zip
33401

Country
US

Zip

Country

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BERNHARD, MANFRED
726 N STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **D** ☐ **Delete**
NAME **BERNHARD, MANFRED**
STREET ADDRESS **726 N STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ **Delete**
NAME **BERNHARD, RUTH**
STREET ADDRESS **2982 CLAY ST**
CITY-ST-ZIP **SAN FRANCISCO CA 94115**

TITLE **D** ☐ **Delete**
NAME **BERNHARD, KARL**
STREET ADDRESS **RT 1 CHASEROAD BOX 552**
CITY-ST-ZIP **AFTON NY 13730-9773**

TITLE **D** ☐ **Delete**
NAME **BERNHARD, E. ALEXANDER**
STREET ADDRESS **2 BECKETS PLACE LOWER TREDDINGTON ROAD**
CITY-ST-ZIP **SURREY KT1 4EQ ENGLAND**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **BERNHARD, MANFRED**
STREET ADDRESS **728 1/2 N STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (10/02)