2001 UNIFORM BUSINESS REPORT (UBR)

INNEY WE INSCHIRE IN OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P96000084743**

1. Entity Name

BARDELS MANAGEMENT, INC.

Principal Place of Business Mailing Address 1558 MADRUGA AVE 3930 INVERARRY BLVD. SUITE 201 SUITE 406 UUUBIIHU LAUDERHILL FL 33319 CORAL GABLES FL 33146 U\$ 2. Principal Place of Business 3. Mailing Address 3930 INVERARRY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 201 Suste City & State City & State 4. FEI Number Applied For 65-0735445 LAUSERNILL Not Applicable Zip Country Country \$8.75 Additional 33319 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINSCHNEIDER, SIDNEY Street Address (P.O. Box Number is Not Acceptable) 3930 INVERARRY BLVD. SUITE 201 LAUDERHILL FL 33319 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition WEINSCHNEIDER, SIDNEY NAME NAME STREET ADDRESS 3930 INVERARRY BLVD., STE 210 STREET ADDRESS CITY - ST - ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE Delete TITLE Change Addition WEINSCHEIDER, BEN NAME NAME STREET ADDRESS 3930 INVERARRY BLVD, SUITE 210 STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 of 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 afficiers, with all other like empowered.

FILED Feb 28, 2001 8:00 am

Secretary of State

02-28-2001 90095 025 ***150.00