2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000084743 **DOCUMENT #**

1. Entity Name

BARDELS MANAGEMENT, INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90958 026 ***158.75

					W. 1.5					
Principal Place 3930 INVERARE SUITE 201 LAUDERHILL F	ry Blvd.	39 30 Suite	Mailing Address 3930 INVERARRY BLVD. SUITE 201 LAUDERHILL FL 33319 US							
2. Principal Pla	ace of Business	3. Mail	3. Mailing Address					O O STATE OF COLUMNIA	Tift Brail Heall R	(560 1141 4001
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Num	ber 65-073544	5		plied For t Applicable
Zip	Country	Zip		Country		5. Certificat	te of Status Desired		\$8.75 Addi	
	6. Name and Address of Curren	<u> </u>	ed Agent			7. Name an	d Address of New	Registered A	gent	
		<u> </u>		Name	•					
WEINSCHNEIDER, SIDNEY			Street Address			(P.O. Box Number is Not Acceptable)				
SUITE 201						•				1
LAUDERHILL FL 33319						<u></u>	FL	Zip Code	3	
8. The above the obligation	named entity submits this statement ons of registered agent.	for the purp	ose of changing its re	gistered office	or registere	ed agent, or b	oth, in the State of I	Florida. I am f	amiliar with, a	and accept
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if app	oficable. (NOTE: F	Registered Agent sign	nature required t	when reinstating)		DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State	-	- -		I	Election Campaign Frust Fund Contribu	_		May Be
	OFFICERS AN)RS	11.		ADDITION	S/CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
TITLE	PSD	J BINLOTO	Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	WEINSCHNEIDER, SIDNEY 3930 INVERARRY BLVD., STE 2 LAUDERHILL FL 33319	110		NAME STREET ADDRESS CITY-ST-ZIP	s					
TITLE	VD		Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	WEINSCHEIDER, BEN 3930 INVERARRY BLVD, SUITE LAUDERHILL FL 33319	.210		NAME STREET ADDRES CITY-ST-ZIP	s.					
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I turner 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 of 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: X

Daytime Phone #