04/27/2003 07:38 9548946468 ORMAN L KITC

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Secretary of State
04-30-2003 90146 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058010

1. Entity Name: BERNDT'S KIDS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6495 SUNSET DRIVE	6295 SUNSET DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH MIAMI FL	City & State: SOUTH MIAMI FL
Zip: 33143 Country	Zip: 33143 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0784495 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Name: BERNDT CHARLES T
Street Address (P.O. Box Number is Not Acceptable): 8445 S.W. 164th TERRACE
City: MIAMI FL Zip Code: 33157

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

9. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	BERNDT, RICHARD H	NAME	
STREET ADDRESS	9760 S.W. 148th ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BERNDT, CHARLES T	NAME	
STREET ADDRESS	8445 SW 164th TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RUDIN, LAURA	NAME	
STREET ADDRESS	14441 S.W. 89th AVE	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________________ 4/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #