## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000069862** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name BERNARD 3000, INC. 04-14-2000 90084 028 \*\*\*150.00 Principal Place of Business Mailing Address 3904 E SAILBOAT DR 3904 E SAILBOAT DR COOPER CITY FL 33026 COOPER CITY FL 33462-6028 2. Principal Place of Business 3. Mailing Address 145 YACHTCLUB WAY 145 YACHT CHUBWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 303 **1**303 City & State Applied For City & State 4. FEI Number 65-0773622 FLORIDA HYPOLUXO, FLORIDA HYPOLUYO, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33462 33462 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNARD, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 3904 E SAILBOAT DR COOPER CITY FL 33026 Zip Code City 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. 4/10/00 . ROBERT C. BERNARD-PRESIDENT registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition Delete TITLE TITLE BERNARD, ROBERT C NAME NAME STREET ADDRESS 3904 E SAILBOAT DR STREET ADDRESS 145 VACHT CLUBWAY # 303 CITY-ST-ZIP HYPOLUXO, FLORIDA' CITY-ST-ZIP COOPER CITY FL 33026 ST Change ☐ Addition TITLE ☐ Delete TITLE BERNARD, MARTHA A NAME NAME 145 YACHTCLUBWAY#303 STREET ADDRESS STREET ADDRESS 3904 E SAILBOAT DR HYPOLUXO, FLORIDA 33462 CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WINDSTEED BUTTON SECRETARY TREASURE 4/1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-582-Daytime Phone # 4815