

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000067811**1. Entity Name
BARDINO INVESTMENTS, INC.**Principal Place of Business**

10531 NW 3RD STREET

PEMBROKE PINES
33026

FL

Mailing Address

10531 NW 3RD STREET

PEMBROKE PINES
33026

FL

2. Principal Place of Business

121 GOLDEN ISLE DRIVE

Suite, Apt. #, etc.
SUITE #201**3. Mailing Address**

121 GOLDEN ISLE DRIVE

Suite, Apt. #, etc.
SUITE #201**City & State**

HALLANDALE BEACH

FL

City & State

HALLANDALE BEACH

FL

Zip

33009

Country

US

Zip

33009

Country

US

4. FEI Number**65-0852532****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BARDINO HAROLD**
10531 NW 3RD STREETPEMBROKE PINES
33026

FL

7. Name and Address of New Registered Agent**Name****BARDINO HAROLD**Street Address (P.O. Box Number is Not Acceptable)
121 GOLDEN ISLE DRIVE

SUITE #201

City

HALLANDALE BEACH

FL**Zip Code**
33009

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 **HAROLD BARDINO**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARDINO HAROLD	
STREET ADDRESS	10531 NW 3RD STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	

TITLE	PD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARDINO HAROLD		
STREET ADDRESS	121 GOLDEN ISLE DRIVE SUITE #201		
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			

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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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 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.

SIGNATURE: HAROLD BARDINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

05/01/2001

Date

Daytime Phone #

CR2E034 (11/00)