

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90239 028 ***150.00

DOCUMENT # P98000067811

1. Entity Name

Bardino Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

121 Golden Isle Drive

Suite, Apt. #, etc.

Suite 201

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

3. Mailing Address

121 Golden Isle Drive

Suite, Apt. #, etc.

Suite 201

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0852532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME Bardino, Harold
STREET ADDRESS 121 Golden Isle Drive # 201
CITY-ST-ZIP Hallandale Beach, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Bardino
President

4/26/02

Date

Daytime Phone #

954-558-3466

CR2E034B (12/01)