

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084121

1. Entity Name

THE BIERNACKI GROUP, INC.

Principal Place of Business

5015 POLK STREET
HOLLYWOOD FL 33021

Mailing Address

5015 POLK STREET
HOLLYWOOD FL 33021-5841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIERNACKI, BENJAMIN
5015 POLK STREET
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name Anna B Biernacki

Street Address (P.O. Box Number is Not Acceptable)

5015 POLK ST

City

Hollywood

FL

Zip Code 33021

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 Anna B Biernacki owner/director

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	BIERNACKI, ANNA	
STREET ADDRESS	5015 POLK STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERNACKI, BENJAMIN	
STREET ADDRESS	5015 POLK STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

01 JAN 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

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December 13, 2000

Re-instatement Department
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

~~I am the president of The Biernacki Group, Inc., which was recently dissolved for~~
failure to file the annual corporate report and pay the requisite fee. I called the
Division of Corporations to ask about re-instatement but was not able to pay the
seven or eight hundred dollar fee to do so.

At that time I explained that The Biernacki Group, Inc. is a small family-held
consulting firm for which I am the consultant. My mother has been ill this year and
required surgery. I have been the primary care-giver. In fact, I have been her only
care-giver. As a result, I had to cut back on all business activities and devote myself
exclusively to her care which is why the company was not active.

Now that she is well again I need to re-activate the business so that I can earn a
living. As you may imagine, my having been unable to work has left us in serious
financial straits. I was told that I could re-instate my corporation under a hardship
arrangement for \$150.00 submitted with this letter of explanation.

Thank you for your consideration in this matter.

Sincerely,



Anna Biernacki