

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 90887 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060081

1. Entity Name
 Bernie Industrial, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15030 Coconut Ave.

Suite, Apt. #, etc.

3. Mailing Address

15030 Coconut Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FLCity & State
Hialeah, FL

4. FEI Number

65-0932000

Applied For

Not Applicable

Zip

33014

Country

Dade

Zip

33014

Country

Dade

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

Bernardo Maribona

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

15030 Coconut Ave.

City

Hialeah

FL

Zip Code

33014

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Maribona Bernardo
 15030 Coconut Ave
 Hialeah, FL 33014

TITLE
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**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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 305-968-6351

CR2E034B (12/01)