

APPROVED
AND
FILED

03 AUG 14 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000060081			
1. Entity Name BERNIE INDUSTRIAL, INC			
Principal Place of Business 15030 COCONUT AVE. HIALEAH, FL 33014		Mailing Address C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0932000		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARIBONA, BERNARDO 15030 COCONUT AVE. HIALEAH, FL 33014			
7. Name and Address of New Registered Agent NAME IAG Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive, Suite 507 City Miami FL Zip Code 33131			
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. I am familiar with, and accept the obligations of registered agent. IAG Corporate Services, Inc. By: <u><i>[Signature]</i></u> / Pres <u>8/8/03</u> SIGNATURE (NOTE: Registered Agent's Signature required when substituting)			
FILE NOW WITH FEES: \$150.00 After May 15, 2003 Fee will be \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIBONA, BERNARDO 15030 COCONUT AVE. HIALEAH, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D/S/T ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hernandez, Juan Carlos 10287 NW 135 Street Hialeah Gardens, FL 33018 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>08/08/03</u> (305) 371-9213 Daytime Phone #	

2003 AMENDED

CFR2034 (10/02)