

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90043 047 ***150.00

DOCUMENT # S32800

1. Entity Name
BERNSTEIN ASSOCIATES, INC.

Principal Place of Business 3600 MYSTIC POINTE DR UNIT 913 AVENTURA FL 33180 US	Mailing Address 3600 MYSTIC POINTE DR UNIT 913 AVENTURA FL 33180-2560 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 65-0248388	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DATRAN CORPORATE AGENTS INC 2601 S BAY SHORE DR MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	ST- ZIP	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPT BERNSTEIN, SHELDON	3600 MYSTIC POINTE DR AVENTURA FL	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	
DVS BERNSTEIN, ESTELLE	3600 MYSTIC POINTE DR AVENTURA FL	<input type="checkbox"/> Delete	NAME	CITY- ST- ZIP	
		<input type="checkbox"/> Delete	NAME	STREET ADDRESS	
		<input type="checkbox"/> Delete	NAME	CITY- ST- ZIP	
		<input type="checkbox"/> Delete	NAME	STREET ADDRESS	
		<input type="checkbox"/> Delete	NAME	CITY- ST- ZIP	
		<input type="checkbox"/> Delete	NAME	STREET ADDRESS	
		<input type="checkbox"/> Delete	NAME	CITY- ST- ZIP	

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: Sheldon Bernstein (SHELDON BERNSTEIN) (Pres.) 4/8/00 305-933-0346
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)