

2002  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90064 048 \*\*\*150.00

**DOCUMENT # S45290**  
 1. Entity Name  
**BERMUDA INN, INC.**

Principal Place of Business      Mailing Address  
**64 SOUTH OCEAN BLVD.**      **64 SOUTH OCEAN BLVD.**  
**DELRAY BEACH FL 33483**      **DELRAY BEACH FL 33483**

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      Applied For  
**65-0266636**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KERSTIN, EUGENIA**  
**64 SOUTH OCEAN BLVD.**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

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

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>KERSTIN, EUGENIA</b>	
STREET ADDRESS	<b>64 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2212 ACORN PALM ROAD</b>	
STREET ADDRESS	<b>BOCA RATON FL 33432</b>	
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: *Samuel E. Herman* **CPA Creditor Agent for Eugenia Kerstin O/S**      Date: **4/30/02**      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

~~Attachment~~ # 545290  
659303  
SAMUEL E. HERMAN  
CERTIFIED PUBLIC ACCOUNTANT  
5765 N. LINCOLN AVENUE  
CHICAGO, ILLINOIS 60659  
(773) 275-5575  
FAX (773) 275-7638

APRIL 30, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399

DOCUMENT NUMBER S45290

DEAR SIR/MADAM:

PLEASE ACCEPT THIS 2002 UBR REPORT FORM FOR BERMUDA INN, INC., FORMERLY  
LOCATED AT 64 SOUTH OCEAN BLVD., DELRAY BEACH, FLORIDA, 33483.

THE OPERATING BUSINESS WAS SOLD ON OCTOBER 5, 2001, AND THE COMPANY IS  
IN A DORMANT BUSINESS POSITION.

WE ARE PAYING THE \$150.00 REPORT FEE FOR THE YEAR 2002 AT THIS TIME.

PLEASE CONTACT ME AT THE ABOVE LOCATION WITH ANY QUESTIONS ON THIS MATTER.

SINCERELY,

  
CERTIFIED PUBLIC ACCOUNTANT