

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90050 040 ***150.00

0226608

DOCUMENT # P94000042224

1. Entity Name
BRUCARO CORP.

Principal Place of Business Mailing Address
 20202 NE 15TH CT 20202 NE 15TH CT
 NO MIAMI BEACH FL 33179 NO MIAMI BEACH FL 33179
 US US

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 **65-0513485** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, BERNARD A
4700 SHERIDAN STREET SUITE B
HOLLYWOOD FL 33021

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 _____

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAYSON, BRUCE	
STREET ADDRESS	19221 NE 20 COURT	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAYSON, CAROL	
STREET ADDRESS	19221 NE 20 COURT	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE	N	<input type="checkbox"/> Delete
NAME	NIKOLE, DONATH	
STREET ADDRESS	19521 NE 19 CT	
CITY-ST-ZIP	MIAMI FL 33179	
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		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grayson Dawn	
STREET ADDRESS	19221 NE 20 COURT	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON CAROL	
STREET ADDRESS	19221 NE 20 COURT	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONATH, NIKOLE	
STREET ADDRESS	19521 NE 19 COURT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAYSON DAWN	
STREET ADDRESS	1075 NE Miami Gardens Dr. #802W	
CITY-ST-ZIP	MIAMI FL 33179	
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: Nikole Donath **Nikole Donath** 2/9/01 305-653-1974
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)