

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90098 001 \*\*\*150.00

**DOCUMENT # P94000071204**

1. Entity Name  
**B & R ENTERPRISES, INC.**

Principal Place of Business      Mailing Address

**417 S. MILITARY TRAIL**      **417 S. MILITARY TRAIL**  
**WEST PALM BEACH FL 33415**      **WEST PALM BEACH FL 33435-2431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**726 Presidential Drive**      **Same** ↗

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**726 Presidential Drive**

City & State      City & State

**Boynton Beach, FL.**      **Boynton Beach, FL.**

Zip      Country      Zip      Country

**33435**      **FL**      **33435**      **FL**

4. FEI Number      Applied For

**65-0526224**       Not Applicable

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

    

6. Name and Address of Current Registered Agent

**BOGDANOFF, ROBERT J**  
**70 S.E. FOURTH AVENUE**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name      **Robert Oresky**

Street Address (P.O. Box Number is Not Acceptable)      **726 Presidential Drive**

City      **Boynton Beach**      State      **FL**      Zip Code      **33435**

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      *Robert Oresky*      **Robert Oresky**      DATE      **04/30/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ORESKY, BRUCE</b>	
STREET ADDRESS	<b>417 S. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ORESKY, ROBERT M</b>	
STREET ADDRESS	<b>417 S. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</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	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Oresky, Robert M.</b>	
STREET ADDRESS	<b>726 Presidential Drive</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL. 33435</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Oresky, Bruce</b>	
STREET ADDRESS	<b>726 Presidential Drive</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL. 33435</b>	
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:      *Robert Oresky Pres.*      **Robert Oresky Pres.**      Date      **04/30/00**      Daytime Phone #      **(561) 725-0857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)