

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2001 90205 013 ***150.00

DOCUMENT # P94000092976

1. Entity Name
BRYAN NORCROSS CORPORATION

Principal Place of Business
1830 WEST 24 ST 1900 SUNSET HARBOUR DR
MIAMI BEACH FL 33140 #1912
US MIAMI BEACH FL 33139

Mailing Address
1830 W 24 ST P.O. Box 398615
MIAMI BEACH FL 33140 33239
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1900 SUNSET HARBOUR DR.

3. Mailing Address
P.O. Box 398615

Suite, Apt. #, etc.
SUITE #1912

Suite, Apt. #, etc.

City & State
MIAMI BEACH

City & State
MIAMI BEACH

4. FEI Number **65-0572337** Applied For
 Not Applicable

Zip **33139** Country **DADE**

Zip **33239** Country **DADE**

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

6. Name and Address of Current Registered Agent
NORCROSS, BRYAN
1830 WEST 24 STREET
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1900 SUNSET HARBOUR DR.
#1912
 City **MIAMI BEACH** FL Zip Code **33139**

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 **BRYAN NORCROSS, PRESIDENT** DATE **3/12/01**
(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. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D NORCROSS, BRYAN 1830 WEST 24TH ST MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT BRYAN NORCROSS 1900 SUNSET HARBOUR DR #1912 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BRYAN NORCROSS** DATE **3/12/01** Daytime Phone # **305-532-2929**
(Signature and typed or printed name of signing officer or director)

CR2E034 (10/00)