

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90187 035 ***150.00

DOCUMENT # P96000042836

1. Entity Name
BRICKELL EUROFLAIR, INC.

Principal Place of Business
**615 BRICKELL KEY DR
 MIAMI FL 33131**

Mailing Address
**615 BRICKELL KEY DR
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
65-0666262

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAYSON, MOISES T ESQ
 BLAXBERG, GRAYSON & SINGER, P.A.
 25 S.E. 2ND AVENUE #730
 MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D DAJER, MARTHA E 615 BRICKELL KEY DR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RAYMOND 615 BRICKELL KEY DR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *MARTHA DAJER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARTHA DAJER**
DATE **7/9/02** **305-3729482**

CR2E034 (4/02)

Attachment
170262



Tuesday, July 09, 2002

Florida Department of State
Division of Corporations
Uniform Business Report
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P96000042836 FEI 65-0666262

Dear Sirs:

As per our telephone conversation this morning, we hereby confirm that we just received on the mail your bill for the 2002 UBR.

We did not receive the first bill and therefore we involuntarily forgot to send the payment. Please find attached our check No. 515 for \$150.00.

We have 8 small corporations and we always file on time.

Thank you for your understanding.

Sincerely,

Martha Dajer
President