


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90074 013 \*\*\*150.00

FORM 111

<b>DOCUMENT # P98000030133</b> 1. Entity Name <b>BRISK CONSTRUCTION SERVICES, INC.</b>	
--	---

Principal Place of Business <b>10841 EDINBURGH ST.</b> <b>COOPER CITY FL 33026</b> US	Mailing Address <b>P.O. BOX 848492</b> <b>HOLLYWOOD FL 33084-8492</b> US
--	---

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
---	---



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0834061</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%; padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable		
Applied For	Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>6. Name and Address of Current Registered Agent</b></td> <td style="width: 50%; padding: 2px;"><b>7. Name and Address of New Registered Agent</b></td> </tr> <tr> <td style="padding: 2px;"> <b>SANTOS, MAURO C</b>  <b>25 SE 2ND AVENUE SUITE 1235</b>  <b>INGRAHAM BUILDING</b>  <b>MIAMI FL 33131</b> </td> <td style="padding: 2px;">           Name             Street Address (P.O. Box Number is Not Acceptable)             City <span style="float: right;"><b>FL</b> Zip Code</span> </td> </tr> </table>		<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	<b>SANTOS, MAURO C</b> <b>25 SE 2ND AVENUE SUITE 1235</b> <b>INGRAHAM BUILDING</b> <b>MIAMI FL 33131</b>	Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>				
<b>SANTOS, MAURO C</b> <b>25 SE 2ND AVENUE SUITE 1235</b> <b>INGRAHAM BUILDING</b> <b>MIAMI FL 33131</b>	Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>				

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRISK, VERA</b>	NAME	
STREET ADDRESS	<b>10841 EDINBURGH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

**SIGNATURE:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/15/03** Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)