· 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000091986 Secretary of State** 1. Entity Name 04-28-2001 90095 001 ***150.00 BRETT GARCIA, INC. Principal Place of Business Mailing Address 2720 NE 8TH AVENUE 4619 POINCIANA STREET SUITE 4 SUITE 3 WILTON MANORS FL 33334 LAUDERDALE BY THE SEA FL (3908) US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0875901 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTORELLI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2541 PRAGON BLVD #112 SUNRISE FL 33322 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 Signed agent and little if applicable. (NOTE: Ri-bistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy it 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) Delete ☐ Change ☐ Addition TITLE FITLE GARCIA, BRETT , DBA B+G DIRECT INC NAME NAME **4619 POINCIANA STREET STE 3** STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33308 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete EITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition UUE C Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P 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 of the same appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

TINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 05, 2001 8:00 am

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