2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 330095 Feb 23, 2000 8:00 am Secretary of State P. BRYAN & SONS, INC. 02-23-2000 90011 003 ***150.00 Principal Place of Business Mailing Address 546 W HALLANDALE BEACH BLVD 3140 W HALLANDALE BEACH BLVD PEMBROKE PARK FL 33009-5122 PARK FL 33009 しかひょりゃまり 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1211018 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYAN, ARCHIE Street Address (P.O. Box Number is Not Acceptable) 700 EAST DANIA BEACH BOULEVARD **DANIA FL 33004** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE TITLE JODI MOORE NAME **131 SW 1ST AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PERKINS, JOSLYN M NAME NAME 101 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE RYAN, ARCHIE J NAME STREET ADDRESS 700 EAST DANIA BEACH BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** Change Addition ☐ Delete TITLE TITLE LEONARD GRAND NAME NAME STREET ADDRESS 3440 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete 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 appear of the receiver of the receiver

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition