

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 514926

1. Entity Name

FRANK W. BRUEGGER PAINTING AND DECORATING, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90148 035 ***550.00

Principal Place of Business

730 N.E. 76TH STREET
MIAMI FL 33138

Mailing Address

730 N.E. 76TH STREET
MIAMI FL 33153-0768

2. Principal Place of Business

15822 E. Wind Circle

3. Mailing Address

730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

59-1702520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUEGGER, FRANK W. JR.
730 N.E. 76TH ST.
MIAMI FL 33138

7. Name and Address of New Registered Agent

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.

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 \$150.00
After MAY 1, 2000 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 | PD | <input type="checkbox"/> Delete |
| NAME | BRUEGGER, FRANK JR. | |
| STREET ADDRESS | 730 N.E. 76TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BRUEGGER, HARRIET | |
| STREET ADDRESS | 730 N.E. 76TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIET BRUEGGER
Vice President

Date

Daytime Phone #

7/3/00 561-333-3389

CR: E014 (M/F)