

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90054 010 ***150.00

0205963

DOCUMENT # 533517

1. Entity Name
BREIG, INC.

Principal Place of Business

Mailing Address

**7161 NW 74TH STREET
 MEDLEY FL 33166**

**7161 NW 74TH STREET
 MEDLEY FL 33166**

741291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7155 N.W. 74th St.

3. Mailing Address

7155 N.W. 74th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, Fl.

City & State

Medley, Fl.

4. FEI Number **59-1806850**

Applied For
 Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

6. Name and Address of Current Registered Agent

**BREIG, CHARLES J.
 7161 NW 74TH STREET
 MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7155 N.W. 74th St.

City **Medley**

FL

Zip Code **33166**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BREIG, CHARLES J	
STREET ADDRESS	8789 WENDY LANE S.	
CITY-ST-ZIP	BANYON LAKES FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BREIG, JAMES B	
STREET ADDRESS	17700 N W 85TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 00000	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33411	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6211 Appaloosa Trail	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33330	
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: *Charles J. Breig*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

305-885-0667

Daytime Phone #

CR2E034 (10/00)