

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828029

1. Entity Name

BRUGAL AND CO., INC.

Principal Place of Business

2000 N.W. 93RD AVENUE
MIAMI FL 33172

Mailing Address

2000 N.W. 93RD AVENUE
MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1569951

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ-ESTEVE, RAUL J.A.,PA.
901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete

NAME ARZENO, GEORGE
STREET ADDRESS AVE. JOHN F.KENNEDY #57
CITY-ST-ZIP SANTO DOMINGO, D.R.

TITLE ☐ Delete

NAME BAEZ, FRANKLIN
STREET ADDRESS JOHN F KENNEDY NO 57
CITY-ST-ZIP SANTO DOMINGO DR

TITLE ☐ Delete

NAME BRUGAL, FRANK
STREET ADDRESS 2000 NW 93 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete

NAME BRUGAL, MANUEL A
STREET ADDRESS JOHN F KENNEDY NO 57
CITY-ST-ZIP SANTO DOMINGO DR

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00 (305) 599 2990
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90100 041 ***550.00