## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G72486**

GILLESPIE, R. BOWEN

1515 S FEDERAL HWY

**BOCA RATON FL 33432** 

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

#300

(See criteria on back)

SIGNATURE

1. Entity Name

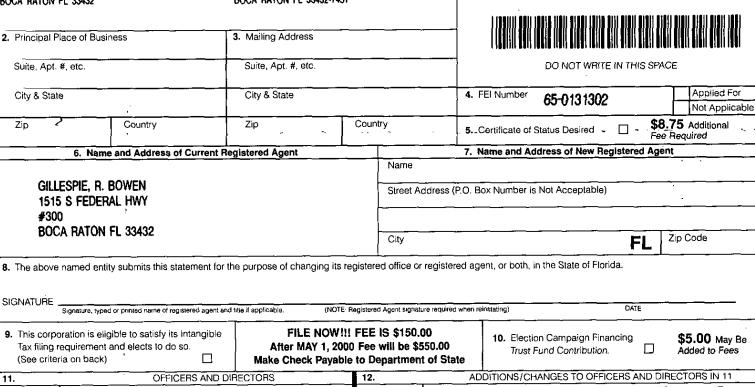
BRISA HOLDING, INC. Principal Place of Business Mailing Address 1515 S FEDERAL HWY 1515 S FEDERAL HWY #300 BOCA RATON FL 33432-7451 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

## FILED Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90060 044 \*\*\*150.00



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Delete TITLE TITLE JAIS, WOLFGANG NAME NAME STREET ADDRESS 99 KLENZE STRASSE STREET ADDRESS CITY-ST-ZIP MUNICH, W GERMANY CITY-ST-ZIP Change ☐ Addition Delete TITLE Hans Peter Maier MAIER, HANNS DR NAME NAME 101 Klenzestrasse STREET ADDRESS 99 KLENZE STRASSE STREET ADDRESS D 80469 Munich - Germany CITY-ST-ZIP MUNICH, W GERMANY CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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:

UPA IO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wpl#gawg Jais

Daytime Phone # Date

01/28/2000 (00498920242200)