

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015664

1. Entity Name
BRIGHTON INDUSTRIES, LLC

Principal Place of Business
**10020 N.W. 79TH AVE.
HIALEAH GARDENS FL 33016**

Mailing Address
**P.O. BOX 263027
WESTON FL 33326**

2. Principal Place of Business
2875 SW 30TH AVE
Suite, Apt. #, etc.

3. Mailing Address
2875 SW 30TH AVE
Suite, Apt. #, etc.

City & State
PEMBROKE PARK FL
Zip
33009
Country
USA

4. FEI Number **65-1064292**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIGHTON INDUSTRIES, LLC
10020 N.W. 79TH AVE.
HIALEAH FL 33016**

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

2875 SW 30TH AVENUE
City
PEMBROKE PARK FL Zip Code
33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

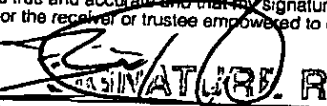
(NOTE: Registered Agent signature required when registering)

DATE
9/20/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	PRES	☐ Delete		TITLE	PRES	☒ Change	☐ Addition
NAME	MITLO, TONY			NAME	MITLO TONY		
STREET ADDRESS	10020 N.W. 79TH AVE.			STREET ADDRESS	2875 SW 30TH AVENUE		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-ST-ZIP	PEMBROKE PARK FL 33009		
TITLE	VP	☐ Delete		TITLE	VP	☒ Change	☐ Addition
NAME	MITLO, ANGELO			NAME	MITLO ANGELO		
STREET ADDRESS	10020 N.W. 79TH AVE.			STREET ADDRESS	2875 SW 30TH AVENUE		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-ST-ZIP	PEMBROKE PARK FL 33009		
TITLE	SEC	☐ Delete		TITLE	SEC	☐ Change	☐ Addition
NAME	MITLO, FRANK			NAME	MITLO FRANK		
STREET ADDRESS	10020 N.W. 79TH AVE.			STREET ADDRESS	2875 SW 30TH AVENUE		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-ST-ZIP	PEMBROKE PARK FL 33009		
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-29-02 954-454-0002

FILED
Sep 09, 2002 8:00 am
Secretary of State

05-30-2002 91596 037 ****50.00
09-09-2002 90005 011 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)