



# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/17/2003-90003-031-\$50.00-\$50.00

DOCUMENT # L02000022427			
1. Entity Name <b>BRICKS &amp; MORTAR, LLC</b>			
Principal Place of Business <b>871 MONTICELLO AVENUE DAVIE FL 33325</b>		Mailing Address <b>871 MONTICELLO AVENUE DAVIE FL 33325</b>	
<i>Change of address</i>			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**2003 MAR 10 AM 10:56**  
**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0837666</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>PULCINI, FRANK</b>		Name <b>Frank Pulcini</b>	
Street Address <b>871 MONTICELLO AVENUE DAVIE FL 33325</b>		Street Address (P.O. Box Number is Not Acceptable) <b>13761 Cedar Bluff Ct</b>	
City <b>Davie</b>		City <b>Davie</b>	
State <b>FL</b>		State <b>FL</b>	
Zip Code <b>33325</b>		Zip Code <b>33325</b>	

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

(NOTE: Registered Agent signature required when reinstating)

**1-31-03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>Member</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Frank P Pulcini</b>		NAME	
STREET ADDRESS <b>13761 Cedar Bluff Ct</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Davie FL 33325</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>Member</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Sandra Terry</b>		NAME	
STREET ADDRESS <b>16020 SW 46 Ct</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FLD FL 33328</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:



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

Date

Daytime Phone #

**1-31-03**

CR2E083 (10/02)