

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90094 012 \*\*\*150.00

**DOCUMENT # M06294**

1. Entity Name  
**B & R SERVICE CORPORATION**

Principal Place of Business  
**16419 BROOKFIELD EST. WAY  
 DELRAY BEACH FL 33446  
 US**

Mailing Address  
**16419 BROOKFIELD EST. WAY  
 DELRAY BEACH FL 33446  
 US**

600140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2455353**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REISEL, PHILLIP  
 16419 BROOKFIELD EST. WAY  
 DELRAY BEACH FL 33446**

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 \_\_\_\_\_ 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	DP	<input type="checkbox"/> Delete
NAME	REISEL, PHILIP	
STREET ADDRESS	16419 BROOKFIELD EST WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ABRAMSON, LAUREN	
STREET ADDRESS	47 LYNN DR	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	
TITLE	S	<input type="checkbox"/> Delete
NAME	REISEL, JASON	
STREET ADDRESS	10 LONDON CT	
CITY-ST-ZIP	TEANECK NJ 07006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Philip Reisel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 5616370208  
Date Daytime Phone #

CR2E034 (10/00)