

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006476

1. Entity Name

BRI' VAUGHAN'S, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91138 029 ****70.00

Principal Place of Business

60 N.W. 197TH STREET
MIAMI FL 33169

Mailing Address

60 N.W. 197TH STREET
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651043909

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEARD, GLORIA
60 N.W. 197TH STREET
MIAMI FL 33169

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEARD, GLORIA
60 N.W. 197TH STREET
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Malaya Ferguson-Graham
20830 NW 36 Ave.
Carol City FL 33056 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUHART, MICHELLE
20401 N.W. 40TH COURT
OPA-LOCKA FL 33055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Vice Pres.
Malaya Ferguson-Graham
20830 NW 36 Ave.
Carol City, FL. 33056 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCRAY, REGINA
25135 S.W. 124TH AVE.
MIAMI FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Heard 03/23/01 305-652-7251

Date

Daytime Phone #

CR2E037 (10/00)