

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90041 044 ****61.25

DOCUMENT # N94000005916

1. Entity Name

BREVARD SPACE COAST FLORIDA REGISTRY OF INTERPRE

Principal Place of Business

405 ANCHOR KEY
MELBOURNE BEACH FL 32951
US

Mailing Address

405 ANCHOR KEY
MELBOURNE BEACH FL 32951
US

2. Principal Place of Business

675 Rosewood Ct. Apt. 3A

3. Mailing Address

675 Rosewood Ct.

Suite, Apt. #, etc.

Apt. 3A

Suite, Apt. #, etc.

Apt 3A

City & State

Indian Harbour Beach, FL

City & State

Indian Harbour Beach, FL

Zip

Country

32937 Brevard U.S.

Zip

Country

32937 U.S.

4. FEI Number

59-3289886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARYZEK, PEARL
405 ANCHOR KEY
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name Diana Guzman

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

675 Rosewood Ct. Apt. 3A

City

Indian Harbour Beach

FL

Zip Code

32937

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

Diana Guzman, Treasurer

Diana Guzman

4/23/01

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PARYZEK, PEARL	
STREET ADDRESS	405 ANCHOR KEY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEVIVO, DIANE	
STREET ADDRESS	1006 BEACON ST. NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LANGE, NANCY	
STREET ADDRESS	265 ROMAN AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHMIELEWSKI, MARIE	
STREET ADDRESS	1440 QUINCE AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diana Guzman	
STREET ADDRESS	675 Rosewood Ct. Apt 3A	
CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jammi Harris	
STREET ADDRESS	1450 N. Range Road	
CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aline Reeves	
STREET ADDRESS	1076 Sally St. S.E.	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (321) 254-2339

Date

Daytime Phone #

CR2E037 (10/00)