

2000 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT# P00000021231

1. Entity Name

BRISA DESIGN CONSULTANT, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90157 005 ***150.00

Principal Place of Business

Mailing Address

626 S. FEDERAL HWY, SUITE 121

SAME

DEERFIELD BEACH FL 33441

2. Principal Place of Business

3009 NW 25th AVENUE

3. Mailing Address

SAME

Suite Apt. #, etc.

03

Suite Apt. #, etc.

City & State

POMPANO BEACH, FL 33069

City & State

4. FEI Number

65-0933887

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

DE ARAUJO, EDSON

708 S. FEDERAL HWY, SUITE 121

DEERFIELD BEACH FL 33441

Name

Tax House Corporation

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

3929 N Federal Hwy

City

POMPANO BEACH

FL

Zip Code

33064

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 of registered agent or principal officer and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/10/2001

DATE

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ARAUJO, EDSON		NAME	DENISE AGAPETUS	
STREET ADDRESS	626 S. FEDERAL HWY, SUITE 121		STREET ADDRESS	6421 PUMPKIN SEED CIRCLE #218	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ARAUJO, WAGNER		NAME	WELTON BOLOGNESI	
STREET ADDRESS	626 S. FEDERAL HWY, SUITE 121		STREET ADDRESS	666 HOLLOW CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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		
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 N 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

Date

Daytime Phone #

4-15-01