

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046108

1. Entity Name
BIBREI, CORP.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90109 022 ***150.00

Principal Place of Business
C/O ROTH ROUSSO & BENJAMIN PA
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

Mailing Address
C/O ROTH ROUSSO & BENJAMIN PA
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3440 HOLLYWOOD BLVD

3. Mailing Address
3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.
360

Suite, Apt. #, etc.
360

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number
65-1010414

Applied For
Not Applicable

Zip Country
33021 U.S.A.

Zip Country
33021 U.S.A.

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

ROTH, LEONARDO A ESQ
C/O ROTH ROUSSO & BENJAMIN PA
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

Name
ROTH, LEONARDO A ESQ

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

3440 HOLLYWOOD BLVD

City HOLLYWOOD FL Zip Code 33021

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 Leonardo A. Roth LEONARDO A. ROTH, ESQ 4-11-01

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 DPT
NAME BREIER, LUIS ELIAS
STREET ADDRESS PH2, 9350 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE DVS
NAME BIBBERMAN, SILVIA NORA
STREET ADDRESS PH2, 9350 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33156 ☐ 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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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DPT) Luis ELIAS BREIER 4-11-01 954-322-4280.

Date

Daytime Phone #

CR2E034 (10/00)