

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90816 022 \*\*\*550.00

DOCUMENT # P00000049273

1. Entity Name

B. R. + M. Services, inc.

**DO NOT WRITE IN THIS SPACE**

B0126928

2. Principal Place of Business  
301 NE 47<sup>th</sup> COURT

3. Mailing Address  
301 NE 47<sup>th</sup> COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH, FL.

City & State  
POMPANO BEACH, FL

4. FEI Number  
65-0322789

Applied For  
Not Applicable

Zip  
33064

Country  
U.S

Zip  
33064

Country  
U.S

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

7. Name and Address of Current Registered Agent

Name ROBERT DESROCHES

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

301 NE 47<sup>th</sup> COURT

City POMPANO BEACH FL

Zip Code  
33064

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT - SECRETARY  
ROBERT DESROCHES  
301 NE 47<sup>th</sup> COURT  
POMPANO BEACH, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

NOTE! THAT AND  
ADDRESS CHANGE  
was made in 8/2001  
never received  
(UBR) FORM.

Sincerely,

Robert Desroches

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 on an attachment with an address, with all other like empowered.

SIGNATURE Robert Desroches ROBERT DESROCHES 6/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)