2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State
01-28-2002 90042 041 ***150.00

DOCUMENT # P00000054290

1. Entity Name
BPR ENTERPRISES INC.

Principal Place of Business	Mailing Address
671 NE 118TH ST.	671 NE 118TH ST.
BISCAYNE PARK FL 33161	BISCAYNE PARK FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O TR HERRERA	C/O TR HERRERA
Suite, Apt. #, etc.: 1250 E. HALLANDALE BCH BLVD #1004	Suite, Apt. #, etc.: 1250 E. HALLANDALE BCH BLVD #1004
City & State: HALLANDALE, FL	City & State: HALLANDALE, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. FEI Number 65-1014066 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBIE, BRIAN P
671 NE 118TH ST.
BISCAYNE PARK FL 33161

7. Name and Address of New Registered Agent

Name: ROBBIE, BRIAN P.
Street Address (P.O. Box Number is Not Acceptable): C/O TR HERRERA
1250 E. HALLANDALE BCH BLVD #1004
City: HALLANDALE **FL** Zip Code: 33009

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 X Brian Robbie 01/17/02
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, 2002 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	D ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	ROBBIE, BRIAN P	NAME	ROBBIE, BRIAN P.
STREET ADDRESS	671 NE 118TH ST.	STREET ADDRESS	1250 E. HALLANDALE BCH BLVD #1004
CITY-ST-ZIP	BISCAYNE PARK FL 33161	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: X Brian Robbie ... REQUIRED 01/17/02 954-457-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #