FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000085315*

1. Entity Name
BRiANCO MAINTENANCE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1335 NE 176 ST

Suite, Apt. #, etc.

3. Mailing Address
1335 NE 176 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
N MiAMi BEACH FL	N MiAMi BEACH FL	65-1041271	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
33162	USA	33162			

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BRiAN SchAAD

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

1335 NE 176 ST

City N miAMi BEACh　　FL　Zip Code 33162

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 Pnr NAME BRiAN SchAAD STREET ADDRESS 1335 NE 176 ST CITY-ST-ZIP N MiAMi BEACh Fl 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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

SIGNATURE: _____　　4-11-02　　305-947-5928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #