FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** 

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-08-2004 90188 044 \*\*\*150.00

7/8/20

| DOCUMENT #  | p0000008531                                 | 5                   |                                  |                      | 0, 00 200120  | 100 0 11 150.00    |
|---|---|---------------------|----------------------------------|----------------------|---|--------------------|
| 1. Entity Name                                    |   |                     |                                  | ļ., i                |   |                    |
|   |   |                     |                                  |                      | •   |                    |
| rianco Maintenance,                               | Inc.  |                     |                                  |                      |   |                    |
|   |   | - 181 -11           |                                  |                      | nterior de la color de la col | nt to man          |
| , DO'N  | OT WRITE                                    | : IN IH             | IS SPA                           |                      | 12/22/22  |                    |
| 2. Principal Place of Business 3. Mailing Address |   |                     | Addroop                          |                      | 66430923  | * * **             |
| 335 NE 176th Street                               |   |                     |                                  |                      | 4.  |                    |
| Suite, Apt. #, etc. Suite, Apt. #, et             |   |                     |                                  |                      | DO NOT WRITE IN TI  | HIS SPACE          |
| City & State City & State                         |   |                     | ata                              |                      | 4. FEI Number Applied For   |                    |
| liami, FL   | Miami, FL                                   |                     | 216                              |                      | 65-1041271  | Not Applicable     |
| Zip   | Country                                     | Zip                 | C                                | ountry               | 5. Certificate of Status Desired  | \$8.75 Additional  |
| 3162  | US  | 33162               | US                               | - <del></del>        | <u>L</u>  | Fee Required       |
| -   |   |                     |                                  |                      | ne and Address of Current Reg   | Istered Agent      |
|   |   |                     |                                  | Name<br>Brian Schaad |   |                    |
| a same a september                                | O NOT W                                     | RITE-               | للسادر ويساح مجرمية              |                      | ress (P.O. Box Number is Not Ac   | ceptable) ~ ~ ~    |
| 1   | N THIS SF                                   | ACE                 | •                                | 1335 NE 176t         |   | <u></u>            |
|   |   | ~~~                 |                                  | 1                    |   |                    |
| •   |   |                     |                                  | City                 | FL  | Zip Code           |
| 8 <del>-</del>                                    |   | <del></del>         | <del></del>                      | Miami                | stered office or registered agent,  | <b>-</b> 33162     |
| State of Florida. I                               | am familiar with, and                       | accept the ob       | ligations of reg<br>Brian Schaad | istered agent.       |   | 6/30/2004          |
|   | irs, typed or printed name o                | of registered agent |                                  | ie. (NOTE: Regis     | tered Agent signature required when reinstr   |                    |
| January 1   | - May 1 Fee is \$150                        | .00                 |                                  | F                    |   |                    |
|   | ay 1, Fee is \$550.00<br>ded UBR is \$61.25 |                     | Į                                |                      | Election Campaign Financing     Trust Fund Contribution.  | \$5.00 May Be      |
| Make Check Payable                                |   | nent of State       | 1                                |                      | Trust Fund Contribution.  | Added to Fees      |
| 0.  |   | ND DIRECTO          |                                  |                      |   |                    |
| TITLE   | P<br>Brian Schaad                           |                     |                                  | ITLE<br>AME          |   |                    |
| STREET ADDRESS                                    | 1335 NE 176 ST.                             |                     |                                  | TREET ADDRES         | s   |                    |
| CITY-ST-ZIP                                       | Miami, FL 33162                             |                     |                                  | ITY-ST-ZIP           |   |                    |
| TITLE<br>NAME                                     | }   |                     |                                  | MLE<br>AME           | j   |                    |
| STREET ADDRESS                                    | 1   |                     |                                  | TREET ADDRES         | s   |                    |
| CITY-ST-ZIP                                       | <u> </u>                                    |                     |                                  | ITY-ST-ZIP           |   |                    |
| TITLE<br>NAME                                     |   |                     |                                  | ITLE<br>AME          |   |                    |
| STREET ADDRESS                                    | <b>-</b> ·                                  | •                   |                                  | TREET ADDRES         | S DO NOT  | WDITE .            |
| CITY-ST-ZIP<br>TITLE                              | · · · · · · · · · · · · · · · · · · ·       |                     |                                  | ITY-ST-ZIP           | DO NOT  | <del></del>        |
| NAME  | <u></u>                                     | <u></u>             |                                  | AME                  | IN THIS S   | PACE               |
| STREET ADDRESS                                    | ·   |                     |                                  | TREET ADDRES         |   |                    |
| CITY-ST-ZIP<br>TITLE                              | <del> </del>                                | <u> </u>            |                                  | ITY-ST-ZIP           |   | <del></del>        |
| NAME  | 1   | _                   |                                  | ITLE<br>AME          |   |                    |
| STREET ADDRESS                                    |   | - ' '               | 5                                | TREET ADDRESS        | s   |                    |
| CITY-ST-ZIP<br>TITLE                              | <u> </u>                                    |                     |                                  | ITY-ST-ZIP           | <del></del>   |                    |
| NAME  | <b>}</b>                                    |                     | - 1                              | ITLE<br>AME          |   |                    |
| STREET ADDRESS                                    | [   |                     | s                                | TREET ADDRESS        | s   |                    |
| CITY-ST-ZIP  2. I bereby certify that I           | he information supplies                     | with this filing    | toes not qualify t               | ITY-ST-ZIP           | stated in Section 119.07(3)(i), Florida   | Statutes I further |
| certify that the Inform                           | nation indicated on this                    | report or supple    | mental report is                 | true and accurate    | and that my signature shall have the  | same legal effect  |
| as if made under oat                              | th; that I am an officer o                  | or director of the  | corporation or th                | e receiver or trust  | tee empowered to execute this report  | as required by     |
|   |   |                     |                                  |                      | h an address, with all other like empo  |                    |
| · 1   | , 91  | /                   |                                  |                      | ~ <b>~</b>  | ベ つぐっ カラー          |
| SIGNATURE:  | non sel                                     | Caro Brian          | Schaad                           |                      |   | 5-753-8170         |
| SIGN  | ATURE AND TYPED O                           | R PRINTED NA        | ME OF SIGNING                    | OFFICER OF D         | IRECTOR Date  | Daytime Phone #    |

66430423

## SKS and Associates

To: Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for Brianco Maintenance, Inc. and we have enclosed a check in the amount of \$150. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

848 & Acoc

SKS and Associates