

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102051

1. Entity Name

BRITANNIA ENTERPRISES INC.

Principal Place of Business

Mailing Address

1324 EAST COMMERCIAL BLVD
FT LAUDERDALE FL 33334

1324 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1052756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JULIE BARTLETT
3300 N PORT ROYALE DR, #346
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name VALIDA R VAHEY

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

101 NE 51ST STREET

City

FT LAUDERDALE

FL

Zip Code
33334

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

VALIDA R VAHEY PRESIDENT

5-15-01

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

(NOTE: Registered Agent's 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

TITLE PRESIDENT ☐ Delete
NAME VALIDA R VAHEY
STREET ADDRESS 101 NE 51ST STREET
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE D ☒ Delete
NAME JULIE BARTLETT
STREET ADDRESS 3300 N PORT ROYALE DR #346
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, or all other like empowered.

SIGNATURE:

VALIDA R VAHEY PRESIDENT 5/15/01 (954) 9911942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-21-2001 90375 013 ***61.25
P00000102051

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 AM 8:47

00055938

DO NOT WRITE IN THIS SPACE

CR2E04 (11/00)