

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90069 004 ***150.00

DOCUMENT # P00000108005

1. Entity Name

BRIARWOOD HOLDINGS, INC.

Principal Place of Business

Mailing Address

625 NW 165 AVE.
PEMBROKE PINES FL 33028

625 NW 165 AVE.
PEMBROKE PINES FL 33028

759926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 E. LINTON BLVD

3. Mailing Address

400 E. LINTON BLVD

Suite, Apt. #, etc.

Suite G-3

Suite, Apt. #, etc.

Suite G-3

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-1055039

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZO, JOSE L

625 NW 165 AVE.

PEMBROKE PINES FL 33028

Name

William H. Milmo

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

400 E LINTON BLVD, Suite G-3

City

DELRAY BEACH

FL

Zip Code

33483

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

4/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DESAI, GAREL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHARLES POSTERNACK	
STREET ADDRESS	400 EAST LINTON BLVD, G-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAM H. MILMOE	
STREET ADDRESS	400 EAST LINTON BLVD, G-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 31-278-1169

CR2E034 (10/00)