FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 PM 4:39

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115148

1. Entity Name
BRIGHTON FLORIDA PROPERTIES CORP.

Principal Place of Business	Mailing Address
95 MERRICK WAY SUITE 440 CORAL GABLES, FL 33134	95 MERRICK WAY SUITE 440 CORAL GABLES, FL 33134

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10621 SW 102 Ave Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip / Country	Zip: 33176 / Country: Dade

4. FEI Number: 16-1602982 ☐ Applied For ☐ Not Applicable

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
DE LA CRUZ, LUIS F 95 MERRICK WAY SUITE 440 CORAL GABLES, FL 33134	Name: Vanessa Cisneros Street Address (P.O. Box Number is Not Acceptable): 10621 SW 102 Avenue City: FL Zip Code: 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Vanessa Cisneros 9/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE: $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR's $25.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOTO, ALEJANDRO P 95 MERRICK WAY CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900023389979 09/25/03--01053--014 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900023389979 09/25/03--01053--014 **550.00
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alejandro Pedro Soto 9/22/03 3054129122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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