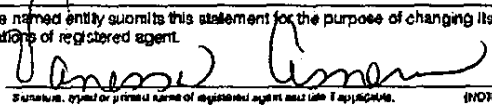
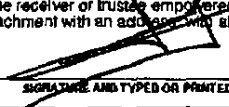


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P00000115148			
1. Entity Name BRIGHTON FLORIDA PROPERTIES CORP.			
Principal Place of Business 95 MERRICK WAY SUITE 440 CORAL GABLES, FL 33134		Mailing Address 95 MERRICK WAY SUITE 440 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address 10621 SW 102 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip		Zip 33176	
Country		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 DE LA CRUZ, LUIS F 95 MERRICK WAY SUITE 440 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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  DATE 9/2/03 (NOTE: Registered Agent signature required when registering)			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 addendum with all other like empowered.			
SIGNATURE:  Alejandro P. Soto 9/2/03 3554129122 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

GR2E034 (10/02)