

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90110 047 \*\*\*150.00

**DOCUMENT # P01000022744**

1. Entity Name  
**BRICKS & STONES REALTY, INC.**



Principal Place of Business  
**2752 S.W. 2ND STREET  
MIAMI FL 33135**

Mailing Address  
**2752 S.W. 2ND STREET  
MIAMI FL 33135**

2. Principal Place of Business  
**589 SAN ESTEBAN AVE.**

3. Mailing Address  
**PO. BOX 14-S115**

Suite, Apt. #, etc.  
**CORAL GABLES, FL.**

Suite, Apt. #, etc.

City & State

City & State  
**CORAL GABLES, FL**

Zip  
**33146**

Country  
**USA**

Zip  
**33114-S115**

Country  
**USA**

4. FEI Number **65-1083750**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARZON, JOSE E  
2752 S.W. 2ND STREET  
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **JOSE E GARZON, Director**

**2/20/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **D** ☐ Delete  
NAME **GARZON, JOSE E**  
STREET ADDRESS **2752 S.W. 2ND STREET**  
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, or all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/03**

Date

**305.642.8877**

Daytime Phone #

CR2E034 (10/02)