

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90223 046 ***158.75

DOCUMENT # P01000024241

1. Entity Name
BRICE HOLDINGS INCORPORATED

Principal Place of Business
16741 NW 18TH STREET
PEMBROKE PINES FL 33028

Mailing Address
16741 NW 18TH STREET
PEMBROKE PINES FL 33028

2. Principal Place of Business
16741 NW 18 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines FL

City & State

4. FEI Number
65-1083373

Applied For
Not Applicable

Zip
33028

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BRICENO, NESTOR A
16741 NW 18TH STREET
PEMBROKE PINES FL 33028

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.

SIGNATURE

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

(NOTE: Registered Agent 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, 2002 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
D
NAME
BRICENO, LOURDES
STREET ADDRESS
16741 NW 18TH STREET
CITY-ST-ZIP
PEMBROKE PINES FL 33028

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
CHIEF EXECUTIVE OFFICER
NAME
NESTOR A. BRICENO
STREET ADDRESS
16741 NW 18 ST
CITY-ST-ZIP
PEMBROKE PINES, FL 33028

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change

☐ Addition

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 #

CR2E034 (9/01)