

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90476 032 ***150.00

0183964 AV

DOCUMENT # P01000025307

1. Entity Name

BRISTHAR CORPORATION

Principal Place of Business

**4011 N CYPRESS DRIVE #202
 POMPANO BEACH FL 33069**

Mailing Address

**4011 N CYPRESS DRIVE #202
 POMPANO BEACH FL 33069**



2. Principal Place of Business

4031 N. CYPRESS DRIVE

3. Mailing Address

4031 N. CYPRESS DRIVE

Suite, Apt. #, etc.

APT # 104

Suite, Apt. #, etc.

APT # 104

City & State

POMPANO BEACH, Florida

City & State

POMPANO BEACH, Florida

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-1086247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOVAR, ILEANA A

**9900 STIRLING ROAD STE 218
 COOPER CITY FL 33024**

7. Name and Address of New Registered Agent

Name **TOVAR, ILEANA A**

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

3180 North West, 36 ST SUIT 100

City **Miami**

FL

Zip Code **33166**

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 **PTD** ☐ Delete
 NAME **MORRAL, ANIBAL**
 STREET ADDRESS **4011 N CYPRESS DRIVE #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VSD** ☐ Delete
 NAME **MORRAL, MARIA T**
 STREET ADDRESS **4011 N CYPRESS DRIVE #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **MORRAL, ANIBAL**
 STREET ADDRESS **4031 N. CYPRESS DRIVE, # 104**
 CITY-ST-ZIP **POMPANO BEACH, FL, 33069**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **MORRAL, MARIA TERESA**
 STREET ADDRESS **4031 N. CYPRESS DRIVE**
 CITY-ST-ZIP **POMPANO BEACH, FL, 33069**

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

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

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

TITLE ☐ Change ☐ 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:

Maria Teresa Morral
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 954-974 2943

Date

Daytime Phone #

CR2E034 (9/01)