

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90049 009 \*\*\*150.00

**DOCUMENT # P01000043497**

1. Entity Name  
**BRIG REPAIR INC.**

Principal Place of Business  
~~1010-NE 169 TERRACE~~  
~~NORTH MIAMI BEACH FL 33162~~

Mailing Address  
~~1010-NE 169 TERRACE~~  
~~NORTH MIAMI BEACH FL 33162~~

2. Principal Place of Business  
**840 SOUTH 63RD AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**840 SOUTH 63RD AVENUE**  
 Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FLORIDA**

City & State  
**HOLLYWOOD, FLORIDA**

4. FEI Number  
**65-1103911**

Applied For  
 Not Applicable

Zip Country  
**33023 BROWARD**

Zip Country  
**33023 BROWARD**

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

**6. Name and Address of Current Registered Agent**

**HALL, CHRISTOPHER**  
~~1010 NE 169 TERRACE~~  
~~NORTH MIAMI BEACH FL 33162~~

**7. Name and Address of New Registered Agent**

Name  
**CHRISTOPHER HALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**840 SOUTH 63RD AVENUE**  
 City  
**HOLLYWOOD** **FL** Zip Code  
**33023**

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 *C. Hall* **CHRISTOPHER HALL,** *1-28-02*  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D HALL, CHRISTOPHER</b>	<b>1010-NE-169-TERRACE</b>	<b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D/P CHRISTOPHER HALL</b>	<b>840 SOUTH 63RD AVENUE</b>	<b>HOLLYWOOD, FLORIDA 33023</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 Required* **CHRISTOPHER HALL, President,** *305-308-4321*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

UBR0350

CR2E034 (9/01)