

2002 UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-23-2002 90115 014 ***150.00

DOCUMENT # P01000055590

1. Entity Name
BRHMAS INC.

Principal Place of Business
6200 34TH ST NORTH
PINELLAS PARK FL

Mailing Address
6200 34TH ST NORTH
PINELLAS PARK FL

36899



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pinellas Park, FL
 Zip
33781
 Country
Pinellas

City & State

4. FEI Number
59-3723984

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, HARISH J
5649 49TH ST N
ST PETERSBURG FL 33709

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 *Sanjay Patel* **SANJAY PATEL**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **PATEL, HARISH J**
 STREET ADDRESS **6200 34TH ST NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE **VD** ☐ Delete
 NAME **PATEL, ARVIND**
 STREET ADDRESS **6200 34TH ST NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE **SD** ☐ Delete
 NAME **PATEL, SANJAY M**
 STREET ADDRESS **6200 34TH ST NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **SD** ☐ Change ☐ Addition
 NAME **PATEL, SANJAY M**
 STREET ADDRESS **6200 34TH ST NORTH**
 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)