2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112699

FILED May 08, 2002 8:00 am

1. Entity Na BRICKEL		IG AND PACKING IN	NC.				05-08-2002 S	_			
Principal Place of Business 1640 SW 13TH ST. MIAMI FL 33145			Mailing Address 1640 SW 13TH ST. MIAMI FL 33145								
2. Principal	Place of Bus	iness	3. Mailing Address		<u>.</u>						l I
Suite, Apt. #, etc.								11 matal 11 001 f10	10 11012 01(1)	(88)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITI	E IN THIS SP	ACE	-	
City & State			City & State			4.	FEI Number 115591	\overline{\chi}		pplied For	
Zip Country		Country	Zip Coun		ntry	5.	Certificate of Status Desired	□ \$	8.75 Ad	ditional	=
	6. Name	and Address of Current Re	egistered Agent		7.	Name and Address of New Re				\dashv	
CODONA	OO NECTO	מר			Name						7
760 COR)n		Street Address (P.O. Box Number is Not Acceptable)							
SUITE 21										7	
MIAMI FL	. 33155			City			FL	Zip Cod	ie	┥	
9. This corpo	oration is elig	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.	1	III FEE	IS \$150.00_		► 10: Election Campaign Final	DATE	\$5:0	10 May Be	
	ria on back)		Make Check Payal	ole to De	epartment of S	itate	Trust Fund Contribution.		Added	to Fees	
ITLE	PVSD	OFFICERS AND DI		12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	RECTORS	3 IN 11]_
IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete] Chänge	☐ Addition	CR2E034 (9/01)
ITLE			☐ Delete	TITLE	: -				Change	☐ Addition	CRZ
AME Treet address ITY-ST-ZIP					E Et address -St-Zip						
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REET ADDRESS TY-ST-ZIP					T'ADBRESS						-
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ME REET ADDRESS IY-ST-ZIP		1		NAME	T ADDRESS			L	Change	☐ Addition	}
LE . ME REET ADDRESS 'Y-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition	
of the corp	oration or the	information supplied with this or supplemental report is true receiver or trustee empower thment with an address, with	ed to execute this report of	the exem	ption stated in S	Section 1 same le 07, Florid	19.07(3)(i), Florida Statutes. I fu gal effect as if made under cath a Statutes; and that my name a	ther certify to that I am a opears in Blo	hat the info n officer o ock 11 or E	ormation or director Block 12 if	

SIGNATURE: