

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91053 032 ***150.00

DOCUMENT # P02000002616

1. Entity Name
BRICO ENTERPRISES, INC.



Principal Place of Business
~~7374 NW 5TH ST.~~
~~PLANTATION FL 33317~~

Mailing Address
~~7374 NW 5TH ST.~~
~~PLANTATION FL 33317~~

2. Principal Place of Business
6979 STirling Road

3. Mailing Address
6979 Stirling Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
26-0036723

Applied For
Not Applicable

Zip Country
33314 Broward

Zip Country
33314 Broward

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

SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D FINLAY, BRIAN**
STREET ADDRESS ~~7374 NW 5TH ST.~~
CITY-ST-ZIP ~~PLANTATION FL 33317~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6979 Stirling Road**
CITY-ST-ZIP **Davie, FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03
Date

954-316-5000
Daytime Phone #

CR2E034 (10/02)