

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**  
05-01-2003 90394 023 \*\*\*150.00

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**DOCUMENT # P02000033818**

1. Entity Name  
**BRESSENCE INC**



Principal Place of Business  
**1101 BRICKELL AVENUE SUITE 1100  
MIAMI FL 33131**

Mailing Address  
**1101 BRICKELL AVENUE SUITE 1100  
MIAMI FL 33131**

2. Principal Place of Business  
**221 191 STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SAME**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**SUNNY ISLE BEACH**

City & State

4. FEI Number  
**01-0649575**

Applied For  
Not Applicable

Zip  
**33160**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**MACINTER CORPORATION  
5440 NORTH STATE RD 7 SUITE 218  
FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name **GABRIEL ANTONIO VASQUEZ**  
Street Address (P.O. Box Number is Not Acceptable)

**221 191 STREET**

**SUNNY ISLE BEACH FL 33160**

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 *X Gabriel A. Vasquez*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/21/03**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VELASQUEZ, GABRIEL A 1101 BRICKELL AVENUE SUITE 1100 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VASQUEZ, GABRIEL A. 221 191 STREET SUNNY ISLE BEACH, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Gabriel A. Vasquez* **GABRIEL A. VASQUEZ** **04/21/03** **(305) 931-7526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)