

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P02000056042 ✓
1. Entity Name Bronz and Briggs, Inc.



03 JUN 26 PM 10:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

000021269290
07/02/03--01019--002 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1609 SW 14 ST
Suite, Apt. #, etc. 202
City & State Miami FL.
Zip 33145 Country U.S.

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 02-0606430 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Yaily Carrillo
Street Address (P.O. Box Number is Not Acceptable) 45 NW 17 Pl. Apt. 1
City Miami - FL Zip Code 33125

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 [Signature] DATE 06/19/2003
Signature typed or printed name of registered agent and title if applicable. * (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT Yaily Carrillo 45 NW 17 Pl. Apt. 1 Miami, FL 33125</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE-PRESIDENT Pablo L. Guidi 1609 SW 14 ST # 202 Miami, FL 33145</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] DATE 06/19/2003 Daytime Phone # 305-528-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)