

**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

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

2. Principal Place of Business <u>1609 SW 14 ST</u>		3. Mailing Address <u>same</u>	
Suite, Apt. #, etc. <u>202</u>		Suite, Apt. #, etc.	
City & State <u>Miami FL.</u>		City & State	
Zip <u>33145</u>	Country <u>U.S.</u>	Zip	Country

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4. FEI Number <u>02-0606430</u>		<input checked="" type="checkbox"/> Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent					
				Name <u>Yaily Carrillo</u>		Street Address (P.O. Box Number is Not Acceptable) <u>45 NW 17 Pl. Apt. 1</u>		City <u>Miami</u>	
				State <u>FL</u>		Zip Code <u>33125</u>			

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 <u>PRESIDENT</u>	NAME <u>Yaily Carrillo</u>	TITLE	NAME
STREET ADDRESS <u>45 NW 17 Pl. Apt. 1</u>	CITY-ST-ZIP <u>Miami, FL 33125</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>VICE-PRESIDENT</u>	NAME <u>Pablo L. Guidi</u>	TITLE	NAME
STREET ADDRESS <u>1609 SW 14 ST # 202</u>	CITY-ST-ZIP <u>Miami, FL 33145</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	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)