

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90511 010 \*\*\*150.00

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DOCUMENT # P02000072131

1. Entity Name  
BRIANMEL CORP.



Principal Place of Business  
1290 WESTON ROAD  
SUITE 306  
WESTON FL 33326

Mailing Address  
1290 WESTON ROAD  
SUITE 306  
WESTON FL 33326

2. Principal Place of Business  
5417 N.W. 72 AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
5417 NW 72 AVE.  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 76-0702011

Applied For  
Not Applicable

Zip 33166

Country USA

Zip 33166

Country USA

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

GBS CONSULTANTS  
1290 WESTON ROAD  
SUITE 206  
WESTON FL 33326

**7. Name and Address of New Registered Agent**

Name GBS CONSULTANTS  
Street Address (P.O. Box Number is Not Acceptable)  
1290 WESTON ROAD  
SUITE 306  
City WESTON FL Zip Code 33326

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 *Maria Diaz* MARIA DIAZ

DATE 04/22/03

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PVTD  
NAME AMBRUGNA, ALEJANDRO  Delete  
STREET ADDRESS 1290 WESTON ROAD  
CITY-ST-ZIP WESTON FL 33326

TITLE PVTD  
NAME AMBRUGNA, ALEJANDRO  Change  Addition  
STREET ADDRESS 5417 NW 72 AVE.  
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD  
NAME SKLAR, SERGIO  Delete  
STREET ADDRESS 1290 WESTON ROAD  
CITY-ST-ZIP WESTON FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  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: SIGNATURE REQUIRED

04/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)