

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90233 039 ***150.00

DOCUMENT# P02000075138

1. Entity
BRUKSCH.TECH INC.



Principal Place of Business **Mailing**
340 SUNSET DR #307 **340 SUNSET DR #307**
FORT LAUDERDALE FL 33301 **FORT LAUDERDALE FL 33301**

2. Principal Place of Business **3. Mailing Address**
1000 SW 12th STREET # 309 **1000 SW 12th STREET # 309**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
FT. LAUDERDALE, FL **FT. LAUDERDALE, FL**
Zip **Country** **Zip** **Country**
33315 **USA** **33315** **USA**

4. FEI Number **Applied For**
35-2174219 **Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

RIBAS, AUGUSTO B
340 SUNSET DR #307
FORT LAUDERDALE FL 33301

7. Name and Address of Now Registered Agent

Name
RIBAS, AUGUSTO B
Street Address (P O Box Number is Not Acceptable)
1000 SW 12th STREET # 309

City **FL** **Zip Code**
FT. LAUDERDALE **33315**

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.

SIGNATURE **04/09/03**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE **PVSTD** ☐ **Delete**
NAME **RIBAS, AUGUSTO B**
STREET ADDRESS **1000 SW 12th STREET # 309**
CITY - ST - ZIP **FT. LAUDERDALE, FL 33315**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
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CITY - ST - ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Chang** ☐ **Additi**
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE ☐ **Chang** ☐ **Additi**
NAME
STREET ADDRESS
CITY - ST - ZIP

13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

04/08/2003 (954) 523-5198

Date **Daytime Phone #**