

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90289 046 \*\*\*150.00

0416968  
AV

**DOCUMENT # P02000087244**

1. Entity Name  
**BRETT'S USA INC.**



Principal Place of Business  
**4801 LINTON BLVD., 11A # 532  
DELRAY BEACH FL 33781**

Mailing Address  
**4801 LINTON BLVD., 11A # 532  
DELRAY BEACH FL 33781**



2. Principal Place of Business  
**4801 LINTON BLVD 11A**

3. Mailing Address  
**4801 LINTON BLVD 11A**

Suite, Apt. #, etc.  
**# 532**

CHECK HERE IF MAKING CHANGES

City & State  
**DELRAY BEACH, FL**

City & State  
**DELRAY BEACH, FL**

4. FEI Number  
**04-3696827**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PASEK, MICHAEL D  
4851 85TH AVE.  
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent  
Name  
**KONECNA IVANA**  
Street Address (P.O. Box Number is Not Acceptable)  
**4801 LINTON BLVD. 11A # 532**  
City **DELRAY BEACH** FL Zip Code **33781**

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 *Konecna* **KONECNA IVANA** DATE **4-25-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KONECNA, IVANA 4801 LINTON BLVD., 11A # 532 DELRAY BEACH FL 33781</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Konecna* **KONECNA IVANA** **PRESIDENT** DATE **4-25-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)