

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000078970

1. Entity Name

BRELTRON CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1409 Lincoln Rd

Suite, Apt. #, etc.

203

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI-DADE

3. Mailing Address

407 LINCOLN RD

Suite, Apt. #, etc.

10-E

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI-DADE

4. FEI Number

20-1147065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARCELO JURADO

Street Address (P.O. Box Number is Not Acceptable)

407 LINCOLN RD # 10-E

MIAMI BEACH

City

FL

33139

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/17/06

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FERRARI, FABRICIO
1409 LINCOLN RD. # 203
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PINI, JUAN C
1409 LINCOLN RD # 203
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

B 3/22/06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 05-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other names employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-06 786-285-5218

CR2E037B (12/01)

BRELTRON CORP

1409 LINCOLN ROAD #203
MAIMI BEACH, FL 33139

Miami, January 18, 2006

**Department of State
Division of Corporations
Tallahassee, FL 32314**

RE: P 04000078970

To Whom It May Concern:

Currently, my corporation is encountering a problem and would need the help of this Department to solve it. The problem arises upon never having received the 2004 UBR (Uniform Business Report) and because of this, the corporation was penalized.

In addition, after realizing that there was a problem with the mail, the corporation's mailing information was changed to the following:

OLD ADDRESS
PO BOX 398263
MIAMI BEACH, FL 33239

NEW ADDRESS
1409 LINCOLN ROAD
SUITE 203
MIAMI BEACH, FL 33139

This petition is prepared given that the corporation has recently opened and handles very little activity. Thus, not allowing the corporation to be capable of paying such a large amount of money. An amount deemed unnecessary and unjust.

If in case the REINSTATEMENT is accepted, I would like to thank for understanding the situation presented and we promise to make this be the last time such a problem occurs.

Sincerely



JUAN C. PINI
PRESIDENT