

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90037 037 ***150.00

DOCUMENT # P93000007647

1. Corporation Name
BRIDORO, INC.

Principal Place of Business

15800 S.W. 88TH STREET
SUITE 265
MIAMI FL 33196
US

Mailing Address

15800 S.W. 88TH STREET
SUITE 265
MIAMI FL 33196
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1993

4. FEI Number

65-0384320

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 5220 NW 107 Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 5220 NW 107 Ave
Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33178 25 US

Zip

29 33178 30 US

9. Name and Address of Current Registered Agent

STRELITZ, BRIAN L
15800 SW 88 ST
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

Same

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

5220 NW 107 Ave

83

84 City

Miami

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-99

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME STRELITZ, BRIAN L.
STREET ADDRESS 3320 NORTH 34TH STREET
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS ☒ Change ☐ Addition

1.2 NAME STRELITZ, BRIAN L.

1.3 STREET ADDRESS 5220 NW 107 Ave

1.4 CITY-ST-ZIP MIAMI FL 33178

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

4-13-99

305-640-1186

CR2E034 (11/98)