FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90124 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009289

Entity Name
JOE BRICKETTO, INC.

Principal Place of Business
~~680 WEST PALM AIRE DRIVE~~
~~POMPANO BEACH FL 33069~~

Mailing Address
~~680 WEST PALM AIRE DRIVE~~
~~POMPANO BEACH FL 33069~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3131 NW 105TH DR	3131 NW 105TH DR.
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.: CORAL SPRINGS
City & State: CORAL SPRINGS, FLA	City & State: FLA
Zip: 33065 Country: BROWARD	Zip: 33065 Country: BROWARD

4. FEI Number 65-0385921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BRICKETTO, JOE~~
680 WEST PALM AIRE DRIVE
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name: BRICKETTO, NOR
Street Address (P.O. Box Number is Not Acceptable): 3131 NW 105TH DR.
City: CORAL SPRING'S FL Zip Code 33065

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] 02/06/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRICKETTO, JOE ~~7905 NW 83RD ST~~ ~~TAMARAC FL 33321~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 required 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] 02/06/02 954-575-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (8/01)