

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 009 ***158.75

DOCUMENT # P93000070123

1. Entity Name

BUSINESS REPRESENTATION
INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

10062792

2. Principal Place of Business
10 NW 42 AVENUE

3. Mailing Address
10 NW 42 AVENUE

Suite, Apt. #, etc.
7TH FLOOR

Suite, Apt. #, etc.
7TH FLOOR

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0459790

Applied For
Not Applicable

Zip
33126

Country
MIAMI-DADE

Zip
33126

Country
MIAMI-DADE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MEYER, JAMES M. ESQ

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

701 Brickell Avenue, Suite 1650

City MIAMI

FL

Zip Code
33131

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOSEPH LORENZO
10 NW 42nd AVE, 7th FLOOR
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/03

Date

305-381-8541

Daytime Phone #