

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071090

1. Entity Name
BRICKWORKS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
10000 SW 133 CT 4474 Weston Road 10000 SW 133 CT
MIAMI FL 33186 Suite 228 MIAMI FL 33186 same
US Davie, FL 33331 40

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0540583 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SHEPARD, ROBERT D Jorge Padron
14825 SW 82 AVE 6865 W Longbow Bend
MIAMI FL 33158 Davie, FL 33331

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Jorge Padron*
Signature, typed or printed name of registered agent and title if applicable.

Jorge Padron
(NOTE: Registered Agent signature required when reinstating)

6/19/02
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

TITLE	P	☒ Delete
NAME	SHEPARD, ROBERT D	
STREET ADDRESS	14825 SW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ Delete
NAME	PADRON, MIGDALIA	
STREET ADDRESS	1865 W LONGBOW BEND	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	☐ Delete
NAME	PADRON, JORGE	
STREET ADDRESS	6865 W LONGBOW BEND	
CITY-ST-ZIP	DAVIE FL	
TITLE	T	☒ Delete
NAME	SHEPARD, PATRICIA	
STREET ADDRESS	14825 SW 82 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my address, with all other like empowered.

SIGNATURE:

Migdalía Padron MIGDALIA PADRON 4/15/02 (954) 434-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-22-2002 90201 019 ***150.00

96126



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

Corporate Records

P.O. Box 6327

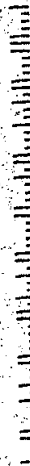
Tallahassee, Florida 32314

RETURN TO SENDER/UNABLE TO FORWARD

BRIC988 3318678319 IN 07 05/09/02
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

3318678319/4827



Attachment
96184
HP94000071096