

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90126 045 \*\*\*150.00

DOCUMENT # P94000071090

1. Entity Name  
BRICKWORKS OF SOUTH FLORIDA, INC.



Principal Place of Business  
~~4474 WESTON ROAD~~ 2648 West 84 Street  
SUITE 228  
DAVIE FL 33331  
US

Mailing Address  
4474 WESTON ROAD  
SUITE 228  
DAVIE FL 33331  
US



2. Principal Place of Business  
2648 West 84 Street

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Hialeah, FL

Suite, Apt. #, etc.  
4474 Weston Rd #228

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
Davie FL

4. FEI Number 65-0540583

Applied For  
Not Applicable

Zip 33016 Country USA

Zip 33331 Country USA

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

## 6. Name and Address of Current Registered Agent

PADRON, JORGE  
6865 W LONGBOW BEND  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	V	<input type="checkbox"/> Delete
NAME	PADRON, MIGDALIA	
STREET ADDRESS	6865 W LONGBOW BEND	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PADRON, JORGE	
STREET ADDRESS	6865 W LONGBOW BEND	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/21/03 786 497-2470

CR2E034 (10/02)