

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90104 007 ***150.00

DOCUMENT # P94000082802

1. Entity Name
BRYNATAL, INC.

Principal Place of Business

**4710 NW 37 AVENUE
 MIAMI FL 33142**

Mailing Address

**4710 NW 37 AVENUE
 MIAMI FL 33142**

2. Principal Place of Business

4710 NW 37 AVE.

Suite, Apt. #, etc.

3. Mailing Address

4710 NW 37 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0576581**

Applied For
 Not Applicable

Zip **33142**

Country

Zip **33142**

Country

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

6. Name and Address of Current Registered Agent

**GARCIA, AMADO
 9500 S DADELAND BLVD. #705
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Jose E. Smith C.P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
**132 MINORCA AVE
 CORAL GABLES**
 City **MIAMI** FL Zip Code **33134**

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

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	PD SUAREZ, GUILLERMO 4710 NW 37 AVENUE MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SUAREZ, ORIETA 4710 NW 37 AVENUE MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: **Suarez** **Guillermo Suarez** 1-7-02 (305) 633-4352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (9/01)