

" AMENDED "

FILED

03 MAY 19 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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: _____ 3. Mailing Address: _____
Suite, Apt. #, etc.: _____ Suite, Apt. #, etc.: _____
City & State: _____ City & State: _____

4. FEI Number: **05-0576581** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent: **SMITH, JOSEPH E
132 NINORA AVENUE
MIAMI, FL 33134**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and date of signature. NOTE: Registered Agent's name should not be abbreviated.

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PO NAME: SIJAREZ, GUILLERMO STREET ADDRESS: 4710 NW 37 AVENUE CITY-ST-ZIP: MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTO NAME: SIJAREZ, ORIETA STREET ADDRESS: 4710 NW 37 AVENUE CITY-ST-ZIP: MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 feeholder 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 as otherwise empowered.

SIGNATURE: _____ DATE: **5/14/03**
Signature, typed or printed name of signing officer or director

100020053861
05/29/03--01001--018 **150.00



CHECK HERE IF MAKING CHANGES

CP2004 (10/02)