

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90124 019 ***150.00

DOCUMENT # P95000029135

1. Entity Name
BRIGHTON REALTY, INC.



Principal Place of Business
**7200 N.W. 7TH STREET
SUITE 300
MIAMI FL 33126
US**

Mailing Address
**7200 N.W. 7TH STREET
SUITE 300
MIAMI FL 33126
US**

2. Principal Place of Business
11189 SW 78th Ave.

3. Mailing Address
11189 S.W. 78th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PINECREST, FL.

City & State
PINECREST, FL.

4. FEI Number
65-0574485

Applied For
☐ Not Applicable

Zip Country
33156 MIAMI-DADE

Zip Country
33156 MIAMI-DADE

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

6. Name and Address of Current Registered Agent

**RAMOS, LISA G
7200 N.W. 7TH STREET
SUITE 300
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **LISA M. RAMOS**
Street Address (P.O. Box Number is Not Acceptable)
11189 S.W. 78th Avenue
City **PINECREST** FL Zip Code **33156**

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 **LISA M. RAMOS**

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

(NOTE: Registered Agent signature required when reinstating)

1/06/03

DATE

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 **D** ☐ Delete
NAME **GONZALEZ, LOUIS O**
STREET ADDRESS **7200 NW 7TH STREET, SUITE 300**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete
NAME **RAMOS, LISA G**
STREET ADDRESS **7200 NW 7TH STREET, SUITE 300**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T/D** ☒ Change ☐ Addition
NAME **LISA M. RAMOS**
STREET ADDRESS **11189 S.W. 78th Ave.**
CITY-ST-ZIP **PINECREST, FL. 33156**

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

TITLE ☐ Change ☐ Addition
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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: **LISA M. RAMOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/03

Date

Daytime Phone #

CR2E034 (10/02)