

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047775

1. Entity Name

A BRIGHTER IMAGE OF S. FLA., INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90051 019 ***150.00

Principal Place of Business

12265 SW 56 ST
MIAMI FL 33175

Mailing Address

P.O. BOX 430396
SOUTH MIAMI FL 33186-5515

2. Principal Place of Business

14234 SW 139th CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33186-5515

Country

DADE

Zip

Country

4. FEI Number

65-0590611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERO, FRANK
12265 SW 56 ST
MIAMI FL 33175

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	RIVERO, FRANK	
STREET ADDRESS	12735 SW 66 TERR. DR.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GREENWELL, DIANA	
STREET ADDRESS	6259 SW 57 ST.	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. 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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

Frank J. Rivero, Director/President

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000

305-233-9355

Date

Daytime Phone #

CR2E034 (9/99)