

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90014 020 ***558.75

DOCUMENT # P95000065048

1. Entity Name
BNR ENTERPRISES, INC.

Principal Place of Business
6450 NORTH WICKHAM ROAD
MELBOURNE FL 32940
US

Mailing Address
8138 SARATOGA WAY
PORT ST LUCIE FL 34986
US



2. Principal Place of Business
6450 North Wickham

3. Mailing Address
969 Shaw Circle

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-3371797

Applied For
 Not Applicable

Zip
32940

Country
U.S.

Zip
32940

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELTON, BRYANT-H
8138 SARATOGA WAY
PORT ST LUCIE FL 34986

Name
AGUILA, Ramon

Street Address (P.O. Box Number is Not Acceptable)
969 Shaw Circle

City **Melbourne, FL** Zip Code **32940**

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 *Ramon Aguila* **Ramon Aguila** President/sale director 8/19/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PTDS** ☒ Delete
 NAME **MELTON, BRYANT**
 STREET ADDRESS **8138 SARATOGA WAY**
 CITY-ST-ZIP **PORT ST LUCIE FL 34986**

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

TITLE **VP** ☐ Delete
 NAME **AGUILA, RAMON**
 STREET ADDRESS **6000 WICKHAM RD.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **President** ☒ Change ☐ Addition
 NAME **AGUILA, Ramon**
 STREET ADDRESS **969 Shaw Circle**
 CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **VP** ☒ Delete
 NAME **MELTON, BRYANT T**
 STREET ADDRESS **4811 SOLITARY DR**
 CITY-ST-ZIP **VIERA FL 32955**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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.

SIGNATURE: *Ramon Aguila* **Ramon Aguila** President/sale director 8/19/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)