

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028227

1. Entity Name
BROKART & TESTIMONIO INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90001 032 ***550.00

Principal Place of Business
PO BOX 347226
MIAMI FL 33234-7226
US

Mailing Address
PO BOX 347226
MIAMI FL 33234-7226
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5401 S.W. 64 PL
Suite, Apt. #, etc.

3. Mailing Address
5401 S.W. 64 PL
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33155-6452

Country
DADE

Zip
33155-6452

Country
DADE

4. FEI Number 65-0655448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
80 S.W. 8TH ST.
SUITE 2000
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
FLORIAN TOMAS

Street Address (P.O. Box Number is Not Acceptable)
5401 S.W. 64 PL

City
MIAMI FL

Zip Code
33155

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 07/12/2000

(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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
LORENZO, AZNAR A
PO BOX 347226
MIAMI FL 33234-7226

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
GAMBIN, MARIA D
PO BOX 347226
MIAMI FL 33234-7226

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

5401 S.W. 64 PL
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 a power of attorney, or other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/2000 (305) 668-7896

Date Daytime Phone #

CR2E034 (5/00)