

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059837

1. Entity Name
DUNAN BRICK, CORP.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90058 016 ***150.00

Principal Place of Business
**1778 7TH AVE NORTH
LAKE WORTH FL 33461
US**

Mailing Address
**1778 7TH AVE.
N. LAKE WORTH FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0680149**

Applied For
Not Applicable

Zip Country

Zip Country

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

**JUANNY CASTANEDO, INC.
9290 SW 34 ST.
MIAMI FL 33165**

Name **OMAR DEL RIO CPA, PA.**
Street Address (P.O. Box Number is Not Acceptable)
2324 SOUTH CONGRESS AVE., STE 2C.
City **W. PALM BEACH** FL Zip Code **33406.**

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 *Omar del Rio, CPA* **OMAR del Rio** 3/16/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FLORES, JAIME G	
STREET ADDRESS	86 BAYTREE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CORREDOR, JESUS E	
STREET ADDRESS	86 BAYTREE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, JESUS R	
STREET ADDRESS	1055 SE 9TH TER.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ILEANA	
STREET ADDRESS	1055 SE 9TH TER.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGUEL MARTIN	
STREET ADDRESS	14321 S.W. 35TH STREET	
CITY-ST-ZIP	MIRAMAR, FL 33027.	
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		

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: *JESUS CORREDOR* **JESUS CORREDOR** 03/16/00 561-585-6666
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)