FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 08, 2002 8:00 am secretary of State P96000059837 DOCUMENT # 1. Entity Name 05-08-2002 90111 013 ***150.00 DUNAN BRICK, CORP. Principal Place of Business Mailing Address 1778 7TH AVE NORTH 1778 7TH AVE NORTH LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0680149 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEL RIO, OMAR CPA, PA Street Address (P.O. Box Number is Not Acceptable) 2324 S. CONGRESS AVE STE 2C WEST PALM BEACH FL 33406 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (9/01) TITLE Change ☐ Addition NAME FLORES, JAIME G NAME STREET ADDRESS **86 BAYTREE CIRCLE** STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33462** CITY-ST-7IP BOYNTON BEACH, FL 33436 DV - DT TITLE ☐ Delete TITLE NAME CORREDOR, JESUS E CORREDOR, JESUS E 1723 OLIVE TREE CIRCLE NAME STREET ADDRESS 86 BAYTREE CIRCLE STREET ADDRESS CITY-ST-7IP **BOYNTON BEACH FL 33462** CITY-ST-ZIP W.P.B., FL 33413 TITLE : Delete -TITLE---- --- Change . [Addition-NAME **GUTIERREZ, ILEANA** STREET ADDRESS 1055 SE 9TH TER. STREET ADDRESS CITY-ST-7IP HIALEAH FL 33010 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME MARTIN, MIGUEL NAME STREET ADDRESS 14321 SW 35TH ST STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tracted 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 a address, with all other like empowered.