

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90216 032 \*\*\*150.00

**DOCUMENT # P96000096721**

1. Entity Name  
**B.R.P.T. INC.**



Principal Place of Business  
**8120 PINES BLVD  
PEMBROKE PINES FL 33024**

Mailing Address  
**8120 PINES BLVD  
PEMBROKE PINES FL 33024**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0714684**

Applied For

Not Applicable

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

**HOLLINGSHEAD, VIVENNE  
7975 SW 161 ST  
MIAMI FL 33157**

Name **MELVIN SMITH**

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

**1187 NW 133 AVE**

City **PEMBROKE PINES**

FL

Zip Code **33028**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Melvin Smith*

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

(NOTE: Registered Agent signature required when reinstating)

**1/13/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **HOLLINGSHEAD, VIVENNE**  
STREET ADDRESS **7975 SW 161 STREET**  
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **SD** ☐ Delete  
NAME **HOLLINGSHEAD, TERRY A**  
STREET ADDRESS **9311 SW 166 STREET**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **N/S/T** ☒ Change ☐ Addition  
NAME **HOLLINGSHEAD, TERRY A**  
STREET ADDRESS **2096 SW 166 AVE**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **VD** ☐ Delete  
NAME **SMITH, MELVIN**  
STREET ADDRESS **1187 NW 133 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33124**

TITLE **P** ☒ Change ☐ Addition  
NAME **SMITH, MELVIN**  
STREET ADDRESS **1187 NW 133 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Melvin Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03 (954) 432-5828**  
DATE Daytime Phone #

CR2E034 110/02