FILED

## 2001 UNIFORM BUSINESS REPORT (UBR).

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 04, 2001 8:00 am DOCUMENT # P97000046220 Secretary of State 1. Entity Name BR TRADING, CORP. 05-04-2001 90062 002 \*\*\*150.00 Principal Place of Business Mailing Address 1601 NW 97TH AVE 1601 NW 97TH AVE SUITE A SUITE A MIAMI FL 33172 MIAMI FL 33172 US US 2. Principal Place of Business 3. Mailing Address <u>4454 NW 74th Aue</u> 4454 NW 74th Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0779768 Miami, Florida Miami. Florida Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33166 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONTIPELLI, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 4454 MM 74th Ave Hiami, Florida 33166 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550:00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PTD TITLE Delete PTDCONTIPELLI, BRIAN N NAME NAME CONTIPELLI, BRIAN N STREET ADDRESS STREET ADDRESS 9886 N.W. 51ST ST. 10005 NW 51st Terrace CITY-ST-ZIP CITY-ST-ZIP TERRACE FL 33178-1945 <del>Miami, Florida 33178</del> TITLE ☐ Delete TITLE Addition SVD CONTIPELLI, ROSELI G CONTIPELLI, ROSELI G STREET ADDRESS STREET ADDRESS 9886 N.W. 51ST ST. 10005 NW 51st Terrace CITY-ST-ZIP CITY-ST-ZIP TERRACE FL 33178-1945 Miami, Florida 33178 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME 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 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