

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90083 020 \*\*\*550.00

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AV

**DOCUMENT # P97000089980**

1. Entity Name

**BRIMOR CORPORATION**



Principal Place of Business

**BRIMOR CORP/GRANDMA'S ICE CREAM & CAFE**

~~3354 N OCEAN BLVD~~

**FT LAUDERDALE FL 33308**

US

Mailing Address

**BRIMOR CORP/GRANDMA'S ICE CREAM CAFE**

~~3354 N OCEAN BLVD~~

**FT LAUDERDALE FL 33308**

US

2. Principal Place of Business

**524 BAYSHORE DR**

Suite, Apt. #, etc.

3. Mailing Address

**524 BAYSHORE DR**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale**

4. FEI Number

**65-0788262**

Applied For

Not Applicable

Zip

**33304**

Country

**FLORIDA**

Zip

**33304**

Country

**FLORIDA**

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

6. Name and Address of Current Registered Agent

**BRIS, YANN & MORIO C**

~~3354 N OCEAN BLVD~~

**FT LAUDERDALE FL 33308**

Name

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

**524 BAYSHORE DR**

City

**Fort Lauderdale**

FL

Zip Code

**33304**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

TITLE ☐ Delete

NAME **P MORIO, CHRISTOPHE**

STREET ADDRESS ~~3354 N OCEAN BLVD~~

CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Delete

NAME **ST BRIS, YANN**

STREET ADDRESS ~~3354 N OCEAN BLVD~~

CITY-ST-ZIP ~~FT LAUDERDALE FL 33308~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

**1038 NE 16 STREET  
FORT LAUDERDALE, FL 33304**

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

**1038 NE 16 STREET  
FORT LAUDERDALE, FL 33304**

TITLE ☐ Change ☐ Addition

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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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/18/03**

Date

**954-566-6685**

Daytime Phone #

CR2E034 (4/03)