

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000030821**1. Entity Name
BRICHETIE ENTERPRISES, INC.

Principal Place of Business 9732 N. GRAND DUKE CIRCLE TAMARAC FL 33321	Mailing Address 9732 N. GRAND DUKE CIRCLE TAMARAC FL 33321
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0870738
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KAZANJIAN GALEN**
9732 N. GRAND DUKE CIRCLE

TAMARAC FL 33321**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ **03/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DTV	<input type="checkbox"/> Delete
NAME	WALLACE ROBERT J	
STREET ADDRESS	10149 N.W. 31ST COURT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SPD	<input type="checkbox"/> Delete
NAME	KAZANJIAN GALEN S	
STREET ADDRESS	9732 N. GRAND DUKE CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Galen S. Kazanjian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPD 03/20/2001

Date

Daytime Phone #

CR2E034 (11/00)