



FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91328 002 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000059538</b>			
1. Entity Name <b>BRUSHMAT, INC.</b>			
Principal Place of Business <b>2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI, FL 33129</b>		Mailing Address <b>2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI, FL 33129</b>	
2. Principal Place of Business <b>911 NW 209TH AVE</b>		3. Mailing Address <b>911 NW 209TH AVE</b>	
Suite, Apt. #, etc. <b>SUITE 114</b>		Suite, Apt. #, etc. <b>SUITE 114</b>	
City & State <b>PEMBROKE PINES, FL</b>		City & State <b>PEMBROKE PINES, FL</b>	
Zip <b>33029</b>	Country <b>USA</b>	Zip <b>33029</b>	Country <b>USA</b>
4. FEI Number <b>65-0895836</b>		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MALEK, FARHAD 2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI, FL 33129</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, JORGE 2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, JORGE 911 NW. 209TH AVE - SUITE 114 PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		JORGE ROTH 04/22/2003 954-4415260	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)