

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

0102575

**DOCUMENT # P98000065970**

1. Entity Name:

**VASILE BRISC ENTERPRISES, INC.**

06-04-2001 90007 031 \*\*\*550.00

Principal Place of Business

2022 PIERCE ST  
 STE 202  
 HOLLYWOOD FL 33020

Mailing Address

2022 PIERCE ST  
 STE 202  
 HOLLYWOOD FL 33020

**C0070969**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1520, 13th STREET SW**

3. Mailing Address

**1520, 13th STREET SW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

**NAPLES, FL**

City & State:

**NAPLES, FL**

4. FEI Number

**65-0857547**

Applied For

Not Applicable

Zip

Country

**34117**

**USA**

Zip

Country

**34117**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRISC, VASILE**  
**2022 PIERCE ST**  
**STE 202**  
**HOLLYWOOD FL 33020**

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

*[Signature]*

**BRISC VASILE**

**4-25-01**

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

(NOT) Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW !! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BRISC, VASILE G	<i>new address</i>
STREET ADDRESS	2022 PIERCE ST	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRISC, ALEXANDR	<i>correction</i>
STREET ADDRESS	1922 JEFFERSON STREET	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRISC, DORINA	<i>correction</i>
STREET ADDRESS	2022 PIERCE ST. APT. 202	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISC VASILE G.	
STREET ADDRESS	1520, 13th ST, SW	
CITY - ST - ZIP	NAPLES, FL, 34117	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISC ALEXANDRU	
STREET ADDRESS	1180, 17TH ST, SW	
CITY - ST - ZIP	NAPLES, FL, 34117	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISC DORINA	
STREET ADDRESS	1520, 13th ST SW	
CITY - ST - ZIP	NAPLES, FL, 34117	
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
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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

**VASILE G. BRISC**

Date

Daytime Phone #

CR2E034 (10/00)