

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90070 001 ***150.00
 02-12-2002 90070 002 *****8.75

DOCUMENT # P98000065970

1. Entity Name
VASILE BRISC ENTERPRISES, INC.

Principal Place of Business Mailing Address
1520 13TH STREET, 500 **1520 13TH STREET, 500**
NAPLES FL 34117 **NAPLES FL 34117**

2. Principal Place of Business 3. Mailing Address
1520 13TH STREET SW
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
NAPLES FL

Zip Country Zip Country
34117 USA

4. FEI Number **65-0857547** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRISC, VASILLE
2022 PIERCE ST
STE 202
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **VASILE BRISC**
 Street Address (P.O. Box Number is Not Acceptable)
1520 13TH STREET SW
 City **NAPLES** **FL** Zip Code **34117**

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)

01/23/02

9. 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRISC, VASILE G 1520 13TH STREET, SW NAPLES FL 34117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRISC, ALEXANDR 1520 13TH STREET, 500 NAPLES FL 34117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRISC, DORINA 1520 13TH STREET, 500 NAPLES FL 34117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VASILE G. BRISC 1520 13TH STREET, SW NAPLES, FL, 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORINA BRISC 1520 13TH STREET SW NAPLES, FL, 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIMPIA SABAU 1520 13TH STREET SW NAPLES, FL, 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

VASILE BRISC
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02

(941)253-6266

Date

Daytime Phone #

CR2E034 (9/01)