

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90025 048 ***150.00

DOCUMENT # P98000090605

1. Entity Name
BRUXA, INC.

Principal Place of Business
3399 PONCE DE LEON BLVD. #202
CORAL GABLES FL 33134

Mailing Address
3399 PONCE DE LEON BLVD. #202
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

9553 Harding Ave

PO Box 545867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308

DO NOT WRITE IN THIS SPACE

City & State
Surfside, FL

City & State
Surfside, FL

4. FEI Number
65-0874823

Applied For
 Not Applicable

Zip
33154

Country
USA

Zip
33154

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMBERGER, HANS
3399 PONCE DE LEON BLVD. #202
CORAL GABLES FL 33134

Name
BAUMBERGER, HANS
 Street Address (P.O. Box Number is Not Acceptable)
9553 HARDING AVE
#308
 City
SURFSIDE FL Zip Code
33154

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.

Hans Baumberger

1/23/2002

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMBERGER, HANS	
STREET ADDRESS	3399 PONCE DE LEON BLVD. #202	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTIRRIBA, ROSA	
STREET ADDRESS	3399 PONCE DE LEON BLVD. #202	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMBERGER, HANS	
STREET ADDRESS	9553 HARDING AVE #308	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIRRIBA, ROSA	
STREET ADDRESS	9553 HARDING AVE #308	
CITY-ST-ZIP	SURFSIDE, FL 33154	
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 empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2002
 Date

305-87-8570
 Daytime Phone #

CR2E034 (9/01)