

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031197

1. Entity Name

BREFFNI REAL ESTATE MANAGEMENT CONSULTANT, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90058 048 ***150.00

Principal Place of Business

Mailing Address

1012 POITRAS DRIVE
VERO BEACH FL 32963

1012 POITRAS DRIVE
VERO BEACH FL 32963-2457

2. Principal Place of Business

3. Mailing Address

2800 Ocean Drive
Suite E

2800 Ocean Drive
Suite E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach

City & State
Florida Vero Beach

Zip
32963

Country
USA

Zip
32963

Country
USA

4. FEI Number

65-0909691

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343-ALMERIA AVENUE
CORAL GABLES FL 33134

Name

SPIEGEL

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

Patricia

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

(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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MCENERNEY, PATRICIA M
1012 POITRAS DRIVE
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Patricia McEnerney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2000

234-2775

CR2E034 (9/99)