

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90144 023 \*\*\*150.00

**DOCUMENT # P99000041632**

1. Entity Name  
**BRIGHTWAY, INC.**

Principal Place of Business      Mailing Address  
 19301 COLLINS AVE. APT. 2310      19301 COLLINS AVE. APT. 2310  
 SUNNY ISLES BEACH FL 33160      SUNNY ISLES BEACH FL 33160-2221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**19333 COLLINS AVE**      **19333 COLLINS AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**APT 2310**      **APT 2310**  
 City & State      City & State  
**SUNNY ISLES BEACH, FL 33160**      **SUNNY ISLES BEACH, FL 33160**  
 Zip      Country      Zip      Country  
**33160**      **USA**      **33160**      **USA**

4. FEI Number      Applied For  
**65-0962657**      ☐ Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
☐

6. Name and Address of Current Registered Agent  
**SERBER, DANIEL J**  
**BLAXBERG, GRAYSON & SINGER, P.A.**  
**25 SOUTHEAST SECOND AVE, STE. 730**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**SERBER, DANIEL J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SERBER & ASSOCIATES, P.A.**  
**2031 NE 214 STREET**  
 City      State      Zip Code  
**NORTH MIAMI BEACH**      **FL**      **33179**

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 **DANIEL J. SERBER, ESQ.**      DATE **4/26/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **DANIEL J. SERBER**      Date **4/26/00**      Daytime Phone # **(305) 932-6262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)