2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900076471

1. Entity Name

BRESTOWSKI ENTERPRISES INC.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90165 024 ***150.00

Principal Place of Business 3716 HOWELL BRANCH RD. WINTER PARK FL 32789			Mailing Address 3716 HOWELL BRANCH RD. WINTER PARK FL 32789							
2. Principal P	Place of Business	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			59-359/2/2			oplied For	
Zip	Country	- Zip	Zip — Country —			5. Certificate of Status Desired \$8.75 Additional Fee Required				
11	6. Name and Address of Curre	ent Register	ed Agent	• T	·····	7. Nan	ne and Address of New F	Registered A	gent	
2 Ag 1 a					Name					
- A	/SKI, ESTERA		Street Addres			s (P.O. Box Number is Not Acceptable)				
3716 HOV WINTER F		•	<u> </u>	<u> </u>						
À	7			City			FL	Zip Cod	<u></u>	
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. I am familiar with, and accept the obligations of pegistered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		Jent and the map	pildable. (NOTI	- negisialed A	gent aignature require	d when remain		DAIL		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fit Trust Fund Contribution			May Be to Fees
10.	OFFICERS AI	ND DIRECTO	DRS	11.		ADDIT	TIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P		☐ Delete	TITLE					☐ Change	Addition
NAME	Brestowski, Henrick			NAME	1					
STREET ADDRESS	9951 EARLSTON STREET			STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32817			CITY-ST	-ZIP					
TITLE	S		☐ Delete	TITLE					Change	Addition
NAME	Brestowski, estera			NAMÉ						
STREET ADDRESS	9951 EARLSTON STREET			STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32817			CITY-ST	-ZIP					
TITLE			☐ Delete	TITLE				The transfer of the second	☐ Change	Addition
NAME				NAME	ĺ					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-ST	-ZIP		*****			
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STREET ADDRESS CITY-ST-ZIP					ADDRESS					
				CITY-ST	-ZIF					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition {
NAME STREET ADDRESS				NAME	ADDRESS				•	Í
CITY-ST-ZIP				CITY-ST	address - Zip					
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME				NAME					5-	
				STREET A	I					
CITY-ST-ZIP				CITY-ST	- ZIP					İ

12. I hereby certify that the information supplied with this filling 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 reperties 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ESTERA

JAN. 25. 2003

407 657 2230

Daytime Phone