

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90145 029 \*\*\*150.00

DOCUMENT # 999000100045

1. Entity Name

BROOKLYN BRIDGE CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

FLORIDA

3. Mailing Address

244-5<sup>TH</sup> AVE

Suite, Apt. #, etc.

11924 W. FORESTHILL BLVD #22-245

Suite, Apt. #, etc.

#2195

City & State

WELLINGTON, FLORIDA

City & State

NEW YORK, N.Y.

Zip

33414

Country

U.S.A.

Zip

10001

Country

USA

4. FEI Number

65-0961234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JIMMY LAKUES

Street Address (P.O. Box Number is Not Acceptable)

11924 W. FORESTHILL BLVD. #22-245

City

WELLINGTON

FL

Zip Code

33414

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME JIMMY LAKUES  
STREET ADDRESS 11924 W. FORESTHILL BLVD. #22-245  
CITY-ST-ZIP WELLINGTON, FL. 33414

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY LAKUES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03 5617926933  
Date Daytime Phone #

CR2E034B (12/02)