

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90023 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000100506</b>			
1. Entity Name <b>BRUJA CORP.</b>			
Principal Place of Business <b>881 OCEAN DRIVE APT. 3F KEY BISCAYNE FL 33149</b>		Mailing Address <b>881 OCEAN DRIVE APT 8A KEY BISCAYNE FL 33149</b>	
2. Principal Place of Business <b>881 Ocean Dr</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>APT 8A</b>		Suite, Apt. #, etc.	
City & State <b>Key Biscayne, FL</b>		City & State	
Zip <b>33149</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent  <b>AGIM REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE SUITE 900 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME <input type="checkbox"/> Delete		
NAME	<b>D ANGEL, AMPARO</b>		
STREET ADDRESS	<b>881 OCEAN DRIVE APT. 3F</b>		
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	<b>D NACHTIGALL, BRIGITTE</b>		
STREET ADDRESS	<b>881 OCEAN DRIVE APT. 3F</b>		
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	<b>D NACHTIGALL, PATRICIA</b>		
STREET ADDRESS	<b>881 OCEAN DRIVE APT. 3F</b>		
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	<b>D NACHTIGALL, ANDREA</b>		
STREET ADDRESS	<b>881 OCEAN DRIVE APT. 3F</b>		
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>		
TITLE	NAME <input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <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:		Date: <b>1/8/2002</b> Daytime Phone #: <b>305-9758595</b>	

CP2E034 (9/01)