

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111856

1. Entity Name

BRICKS 'R US, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90293 015 ***158.75

Principal Place of Business

19238 E COUNTRY CLUB DRIVE
AVENTURA FL 33180

Mailing Address

19238 E COUNTRY CLUB DRIVE
AVENTURA FL 33180

2. Principal Place of Business

20533 BISCAYNE BLVD

3. Mailing Address

20533 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 267

Suite, Apt. #, etc.

SUITE 267

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0970808

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

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

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS FRANZEN, TERRY J
CITY-ST-ZIP 19238 E COUNTRY CLUB DRIVE
AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY J. FRANZEN

Date

2/6/01

Daytime Phone #

305.931.7773

CR2E034 (10/00)