

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14117

1. Entity Name

BRICO LAND CO.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 046 ***550.00

Principal Place of Business

11995 SW 222ND ST.
MIAMI FL 33170

Mailing Address

11995 SW 222ND ST.
MIAMI FL 33170

2. Principal Place of Business

P.O. BOX 199

Suite, Apt. #, etc.

3. Mailing Address

C/O SHARFF WITTMER KURTZ

Suite, Apt. #, etc.

4627 PONCE DE LEON BLVD

City & State

CORAL GABLES, FL 33146

City & State

TAVERNIER, FL 33170

Zip

33070

Country

MONROE

Zip

33146

Country

MIAMI-DADE

4. FEI Number

65-0237122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, BRIAN

11995 SW 222ND ST.
MIAMI FL 33170

7. Name and Address of New Registered Agent

Name

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

P.O. BOX 199

City

TAVERNIER

FL

Zip Code

33070

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME O'NEIL, BRIAN
STREET ADDRESS 11995 SW 222ND ST.
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete
NAME BLATCHFORD, DEBRA
STREET ADDRESS 14273 SW 176TH TERRACE
CITY-ST-ZIP MIAMI FL

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 O'NEIL, BRIAN
STREET ADDRESS P.O. BOX 199
CITY-ST-ZIP TAVERNIER, FL 33070

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED *YES* **SEP 12-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)