

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90069 047 ***150.00

0224078

DOCUMENT # S77501

1. Entity Name

PADRON BRICK SALES, INC.

Principal Place of Business

16155 SW 117 AVENUE *6865 W. Longbow Bend*
 SUITE B-16 *DAVIE, FL 33331*
 MIAMI FL 33177

Mailing Address

16155 SW 117 AVENUE *4474 Weston Road*
 SUITE B-16 *# 228*
 MIAMI FL 33177 *DAVIE, FL 33331*

L00406J4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6865 W. Longbow Bend

3. Mailing Address

4474 Weston Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

228

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number **65-0286688**

Applied For

Not Applicable

Zip

33331

Country

BROWARD

Zip

33331

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADRON, JORGE
6865 W LONG BOW BEND
DAVIE FL 33331

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **PADRON, JORGE**
 CITY-ST-ZIP **6865 W LONG BOW BEND**
DAVIE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
 STREET ADDRESS **PADRON, MIGDALIA B**
 CITY-ST-ZIP **6865 W LONG BOW BEND**
DAVIE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01 (954) 434-6800

CR2E034 (10/00)