

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90225 050 ***150.00

DOCUMENT # ~~63832~~ ✓ 63832
1. Entity Name
BROMATIC CONSTRUCTION FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 CHELSEA AV.		3. Mailing Address 2665 So. Bayshore Dr.	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. Suite 420	
City & State KINGSTON S. J.		City & State Miami, Florida	
Zip	Country JAMAICA	Zip	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0360938	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name David Shear	
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 601	
City Coral Gables,	State FL
Zip Code 33134	

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

(NOTE: Registered Agent signature required when reinstating)

3/12/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Director Joseph Gutstadt <i>(Signature)</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APRIL 2002 **514-585-1241**
Date Daytime Phone #

CR2E034B (12/01)