## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 25, 2000 8:00 am Secretary of State DOCUMENT # 226426 1. Entity Name BRUNA INVESTMENT CORPORATION 03-25-2000 90015 024 \*\*\*150.00 Principal Place of Business Mailing Address 631 N E 45TH STREET 631 N E 45TH STREET FT LAUDERDALE FL 33334 FT LAUDERDALE FLA 33334-3247 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-0895344 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONLEY, FRANK Street Address (P.O. Box Number is Not Acceptable) -9100 NW 68 COURT 631 NE 45th St -PARKLAND FL-93067-Ft Lauderdale, Fl 33334 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Defete TITLE ☐ Change Addition DONLEY, ROXANN MARIE NAME STREET ADDRESS 3810 HOUCKS RAOD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONKTON MD ☐ Addition Delete Change TITLE TITLE DONLEY, JAMES BRYAN NAME NAME 267 NE 41ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL ☐ Addition ☐ Delete TITLE TITLE DONLEY, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 9100 NW 68TH COURT 631 NE 45th St CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL Ft Lauderdale, Fl 3333 ☐ Addition ☐ Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP