## FILED May 28, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 226426 1. Entity Name 05-28-2002 91759 030 \*\*\*150.00 BRUNA INVESTMENT CORPORATION Principal Place of Business Mailing Address 631 N E 45TH STREET 631 N E 45TH STREET FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 ] [188] [188] [188] [188] [188] [188] [188] [188] [188] [188] [188] [188] [188] [188] [188] [188] 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-0895344 Applied For Zip Country Zip Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent. DONLEY, FRANK 631 NE 45TH ST Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 City 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) 9. This corporation is eligible to satisfy its Intangible DATE FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TiTi F NAME DONLEY, ROXANN MARIE ☐ Change ☐ Addition (9/01) 3810 HOUCKS RAOD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONKTON MD **CR2E034** CITY-ST-ZIP TITLE Delete TITLE NAME DONLEY, JAMES BRYAN Change ☐ Addition STREET ADDRESS NAME 267 NE 41ST STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIE TITLE PD ☐ Delete NAME DONLEY, FRANK ☐ Change ☐ Addition NAME STREET ADDRESS 631 NE 45TH ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 charged or on an attachment with an address with all other like appropried.