

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90031 025 \*\*\*150.00

SECRET  
AV

**DOCUMENT # M18023**

1. Entity Name  
**BRANDALS CORPORATION**

Principal Place of Business      Mailing Address

**8888 HOWARD DRIVE #424**      **8888 HOWARD DRIVE #424**  
**MIAMI FL 33176**      **MIAMI FL 33176**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2552282**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SAIONTZ, LESLIE**  
**8888 HOWARD DRIVE #424**  
**MIAMI FL 33176**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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 Tax filing requirement and elects to do so. (See criteria on back)     

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SAIONTZ, LESLIE</b>	
STREET ADDRESS	<b>8888 HOWARD DR STE 424</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SAIONTZ, STEVEN</b>	
STREET ADDRESS	<b>8888 HOWARD DR STE 424</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**      **9-7-01**      **305-255-7879**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)

Attachment  
A0086125

**BRANDALS CORPORATION**  
**8888 HOWARD DRIVE #424**  
**MIAMI, FL 33176**  
**305-255-7879**

September 5, 2001


~~State of Florida~~  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

REF: Document Number M18023

**To Whom It May Concern:**

We are writing this letter in reference to the annual report for the year 2001. We recently received the Uniform Business Report with a due date of September 12, 2001 requesting a payment of \$550.00. Your office informed us, that there was an additional penalty of \$400.00 for not filing the report on May 1, 2001. We ask that you please waive the penalty of \$400.00 since we never received the first report. Enclosed you will find a check of \$150.00 for the 2001 fee. Your prompt attention will be greatly appreciated.

Thank you,

  
Leslie Saiontz,  
President