

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90011 002 \*\*\*\*61.25

0006201

**DOCUMENT # N00000007967**

1. Entity Name

**BRASOR CHARITABLE FOUNDATION INC.**

*(Handwritten mark)*

Principal Place of Business      Mailing Address  
**7365 NW 68TH WAY**      **7365 NW 68TH WAY**  
**PARKLAND FL 33067**      **PARKLAND FL 33067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRASOR, JEFFREY**  
**7365 NW 68TH WAY**  
**PARKLAND FL 33067**

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

**FILE NOW: FEE IS \$61.25 -**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRASOR, JEFFREY C</b>	
STREET ADDRESS	<b>7365 NW 68TH WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRASOR, LUZ E</b>	
STREET ADDRESS	<b>7365 NW 68TH WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRASOR, CHARLES M</b>	
STREET ADDRESS	<b>7365 NW 68TH WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (5/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*(Handwritten signature)*

*22 July 2001 9597535742*

Attachment  
Document N0000000007967  
Box 3849

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

R/O

Dear Sir or Madam -

I recently incorporated a Florida non-profit corporation that I would now like to dissolve.  
What forms/fees are required to dissolve this corporation which has yet to have had any economic activity?

Regards,

Jeffrey Brasor  
7365 NW 68th Way  
Parkland, FL 33067  
Fax 954-753-5742  
email: jbrasor@aol.com