

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90395 042 \*\*\*\*70.00

**DOCUMENT # N97000004894**

1. Entity Name

**BRAIN COMMUNICATION RESEARCH, INC.**

Principal Place of Business

**1571 NE 47TH STREET  
 FORT LAUDERDALE FL 33334**

Mailing Address

**1571 NE 47TH STREET  
 FORT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0777370**

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

**LIBOW, ALLEN H  
 301 YAMATO ROAD  
 SUITE 4199  
 BOCA RATON FL 33431**

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**

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 ☐ Delete  
 NAME **D HEDGES, RHEY**  
 STREET ADDRESS **C/O 1571 NE 47TH STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D GOLDSHEID, GENE**  
 STREET ADDRESS **C/O 1571 NE 47TH STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D FINE, GERALD J**  
 STREET ADDRESS **C/O 1571 NE 47TH STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Signature of Allen H. Libow* **05/08/01** **(954) 489-2871**

CR2E037 (10/00)

May 3, 2001

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

Attachment

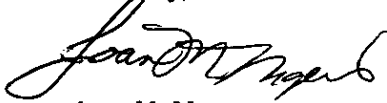
844159

# 197000004894

Dear Sir, Madam;

Please excuse the tardiness in the filing of this form. I was out sick last week and forgot to leave the form out for my employer to submit. Thank you.

Sincerely,



Joan M. Myers  
Admin. Asst.

CC: Rhey W. Hedges  
President