

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0046781
 AV

DOCUMENT # P99000007433

1. Entity Name
BRAND DYNAMICS, INC.

03-31-2002 90308 021 ***150.00

Principal Place of Business
**5369 NORTH HIATUS ROAD
 FORT LAUDERDALE FL 33351**

Mailing Address
**5369 NORTH HIATUS ROAD
 FORT LAUDERDALE FL 33351**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0894753**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**SANTORELLI, ROBERT
 2541 ARAGONY BLVD #112
 WILTON MANORS FL 33334**

Name **ROBERT SANTORELLI**
 Street Address (P.O. Box Number is Not Acceptable) **2541 ARAGON BLVD. #112**
 City **SUNRISE** FL Zip Code **33322**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOCKVEN, KEISHA A 8601 NW 54 COURT FORT LAUDERDALE FL 33351 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHUSTER, LESLIE F 4174 INVERRARY DRIVE #904 FORT LAUDERDALE FL 33319 | <input type="checkbox"/> Delete |
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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: DATE **3/20/02** Daytime Phone # **(954) 747-5240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)