

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90162 043 ***150.00

DOCUMENT # P98000045870

1. Entity Name

BRAND HOLDING CORP.

Principal Place of Business

Mailing Address

**1201 BRICKELL AVENUE
 SUITE 350
 MIAMI FL 33131
 US**

**1201 BRICKELL AVENUE
 SUITE 350
 MIAMI FL 33131
 US**

2. Principal Place of Business

3. Mailing Address

200 S.E. 1ST STREET

200 S.E. 1ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12TH FLOOR

12TH FLOOR

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

4. FEI Number

65-0840455

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

7. Name and Address of New Registered Agent

**DETTORE, JAMES
 C/O BRAND INSTITUTE, INC.
 1201 BRICKELL AVENUE, SUITE 350
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

BRAND HOLDING CORP.

200 S.E. 1ST STREET, 12TH FLOOR

City
MIAMI

FL

Zip Code
33131

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

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, 2001 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
D
 NAME
DETTORE, JAMES
 STREET ADDRESS
1201 BRICKELL AVENUE, SUITE 350
 CITY-ST-ZIP
MIAMI FL 33131

☐ Delete

TITLE
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☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01

CR2E034 (10/00)