2001 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 05, 2001 8:00 am
Secretary of State
05-02-2001 90068 008 ***150.00

DOCUMENT # P98000016999

1. Entity Name
BRAND POLL, INC.

Principal Place of Business	Mailing Address
C/O BRAND INSTITUTE, INC. 1201 BRICKELL AVENUE, SUITE 350 MIAMI FL 33131 US	C/O BRAND INSTITUTE, INC. 1201 BRICKELL AVENUE, SUITE 350 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 S.E. 1ST STREET	200 S.E. 1ST STREET
Suite, Apt. #, etc.: 12TH FLOOR	Suite, Apt. #, etc.: 12TH FLOOR
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number 65-0839750 ☐ Applied For ☐ Not Applicable

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
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 POLL INC 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 _____ 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DETTORE, JAMES L 888 BRICKELL KEY DRIVE, APT 2202 MIAMI FL 33131	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 4/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #