2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69970

1. Entity Name

BRANIFF COMPUTER CONSULTING, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90448 021 ***150.00

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			g Address NW 30TH ST L SPRINGS FL 33065						
2. Principal f	Place of Business	3. Mailing Address						81871 81817 HZ 61	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING	CHANGE:	S	
City & Sta	te	City & State			4.	65-1363876 H		Applied For Not Applicable	
Zip	Country	Zip		Country	5.		8.75 A	dditional	
	6. Name and Address of Current	Registere	ed Agent		7.	Name and Address of New Registered Ag			
IOVANOVIO POUGLA					Name				
JOVANOVIC, DOUGLAS 888 SE 3RD AVE. SUITE 400				Street A	Street Address (P.O. Box Number is Not Acceptable)				
	ERDALD FL 33316								
				City		FL	Zip Co	ode	
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. I am familiar with, and accept the obligations of registered agent.									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		00 May Be	
10. OFFICERS AND DIRECTORS 11.				11.	Α	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BRANIFF, PHIL 11531 NW 30TH ST CORAL SPRINGS FL 33065		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE			Пъ	TITLE		Г	T Change	- Laddition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHIL BRAMIFF

4/10/03

954-945-539

Daytime Phone #

CR2E034 (10/0;