2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

665950 **DOCUMENT #**

1. Entity Name

|--|

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90346 036 ***158.75

BRAMAN	IMPORTS, INC.					
Principal Place of Business 7000 CORAL WAY MIAMI FL 33155 US		Mailing Address 2060 BISCAYNE BLVD 2ND FL MIAMI FL 33137-024 US				
2. Principal Place of Business		3. Mailing Address		- 3 YEERING BIHAR BHARI BHHAR IBHER BHITH BEHL BHARI.	OTORI DIDIJ BIBIJ DEDIJ DEBIJ 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKIN	IG CHANGES	
City & State		City & State		4. FEI Number 59-1991490	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	Name		
	STANLEY J.		Street Address ((P.O. Box Number is Not Acceptable)		
2060 BISC	CAYNE BLVD1		ļ			
2ND FL						
MIAMI FL 33137			City	F	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or register	red agent, or both, in the State of Florida. I am	n familiar with, and accept	
SIGNATURE						
SIGNATURE A	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent signature required	d when reinstating) DATE		
F	ILE NOW!!! FEE IS \$150.00					
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BRAMAN, NORMAN 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	D	Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LEIBOWITZ, EDWARD 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	<u> Бу</u> ние	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	KRIEGER, STANLEY J.	- 	NAME* - * = 1 7	and the second of the second o	r rev	
STREET ADDRESS CITY-ST-ZIP	2060 BISCAYNE BLVD, 2ND FL		STREET ADDRESS CITY-ST-ZIP			
	MIAMI FL 33137					
TITLE NAME	d Braman, Irma	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	2060 BISCAYNE BLVD, 2ND FL		STREET ADDRESS		}	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP			
TITLE	Т	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	BERNSTEIN, ROBERT E		NAME			
	2060 BISCAYNE BLVD, 2ND FL		STREET ADDRESS		,	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP			
TITLE	AS	☐ Delete	TITLE	- -	☐ Change ☐ Addition	
NAME	BRANDES, MARC E	_	NAME	•		
STREET ADDRESS CITY-ST-ZIP	2060 BISCAYNE BLVD 2ND FLOO	R	STREET ADDRESS CITY-ST-ZIP			
	MIAMI_FL 33137-5024	this filling does not qualify or the		ection 119 07(3)(i). Florida Statutes, I further or	ertify that the information	

indicated on this report or supplemental report is true and acculate any that the exemptor stated on this report or supplemental report is true and acculate any 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 eccivery 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.

SIGNATURE:

04/25/03

(305) 576-1998

Date Daytime Phone #