

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90141 037 \*\*\*150.00

**DOCUMENT # 329663**

1. Entity Name

**BRABANT, INC.**



**DO NOT WRITE IN THIS SPACE**

**90061464**

2. Principal Place of Business  
**1401 S. OCEAN DR.**

3. Mailing Address  
**1401 S. OCEAN DR.**

Suite, Apt. #, etc. **802**

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City & State  
**HOLLYWOOD, FL**

City & State  
**HOLLYWOOD, FL**

4. FEI Number **59-1274828**

Applied For

Not Applicable

Zip Country  
**33019-2343 USA**

Zip Country  
**33019-2343 USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **VAN HEYNINGEN, ANTHONIE W**

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

**1401 S. OCEAN DR. APT. # 802**

City **HOLLYWOOD** **FL** **33019-2343**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VAN HEYNINGEN, MARIA 1401 S OCEAN DR # 802 HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VAN HEYNINGEN, MARIA 1401 S OCEAN DR. # 802 HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD VAN HEYNINGEN, ANTHONIE W 1401 S OCEAN DR. # 802 HOLLYWOOD, FL 33019</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**A.W. Van Heyningen, President** **03-24-03** **954927-7152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)