

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 600261****1. Entity Name****BRANDON, JONES, SANDALL, ZEIDE, KOHN, CHALAL & M****FILED**
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90065 009 ***150.00

Principal Place of Business**4801 S CONGRESS AVE
LAKE WORTH FL 33461****Mailing Address****C/O ROSELLI, DAN CPA
2135 SOUTH CONGRESS AVE #1C
W PALM BEACH FL 33406
US****906092**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1156249

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SANDALL EDWARD W
4801 S CONGRESS AVE
LAKE WORTH FL 33461****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SANDALL, EDWARD W	4801 S CONGRESS AVE.	LAKE WORTH FL	<input type="checkbox"/>
VPD	ZEIDE, MICHAEL	4801 S CONGRESS AVE.	LAKE WORTH FL	<input type="checkbox"/>
TD	CHALAL, JOSEPH	4801 S CONGRESS AVE	LAKE WORTH FL	<input type="checkbox"/>
SD	KOHN MARVIN A.	4801 S CONGRESS AVE	LAKE WORTH FL	<input type="checkbox"/>
D	MUSSO, EMILIO	4801 S CONGRESS AVE	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 full power to execute.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)