

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665950

1. Entity Name

BRAMAN IMPORTS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90181 048 ***158.75

Principal Place of Business

Mailing Address

7000 CORAL WAY
 MIAMI FL 33155
 US

2060 BISCAYNE BLVD
 2ND FL
 MIAMI FL 33137-5024
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRIEGER, STANLEY J.
2060 BISCAYNE BLVD1
2ND FL
MIAMI FL 33137

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, 2000 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 **CD** Delete
 NAME **BRAMAN, NORMAN**
 STREET ADDRESS **2060 BISCAYNE BLVD, 2ND FL**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEIBOWITZ, EDWARD**
 STREET ADDRESS **2060 BISCAYNE BLVD, 2ND FL**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **KRIEGER, STANLEY J.**
 STREET ADDRESS **2060 BISCAYNE BLVD, 2ND FL**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **S** Change Addition
 NAME **KRIEGER, STANLEY J.**
 STREET ADDRESS **2060 BISCAYNE BLVD, 2ND FL**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** Delete
 NAME **BRAMAN, IRMA**
 STREET ADDRESS **2060 BISCAYNE BLVD, 2ND FL**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **MURGADO, MARIO**
 STREET ADDRESS **2060 BISCAYNE BLVD, 2ND FL**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Change Addition
 NAME **BERNSTEIN, ROBERT**
 STREET ADDRESS **2060 BISCAYNE BLVD, 2ND FL**
 CITY-ST-ZIP **MIAMI FL 33137**

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: _____

Stanley J. Krieger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY J. KRIEGER, Secy 4/3/00 305-576-1889

Date

Daytime Phone #