

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90087 017 ***150.00

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DOCUMENT # F00000004821

1. Entity Name
BRAVO DELTA ENGINEERING, INC.



Principal Place of Business
**2400 E. LAS OLAS BLVD. #383
FT. LAUDERDALE FL 33301**

Mailing Address
**2400 E. LAS OLAS BLVD. #383
FT. LAUDERDALE FL 33301**



2. Principal Place of Business
260 SW 32nd Ct.

3. Mailing Address
260 S. W 32nd Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

4. FEI Number **65-1022266**

Applied For
Not Applicable

Zip **33315** Country

Zip **33315** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTHOLOMEW, BETH W
2400 E. LAS OLAS BLVD. #383
FT. LAUDERDALE FL 33301**

Name **Beth W. Bartholomew**
Street Address (P.O. Box Number is Not Acceptable)
1535 S.E. 15th St #101

City **Ft Lauderdale** FL Zip Code **33316**

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 **Beth W. Bartholomew**

3-30-03

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **BARTHOLOMEW, BETH W**
STREET ADDRESS **1535 S.E. 1ST ST., #101**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MITCHELL, DOUGLAS K**
STREET ADDRESS **1535 SE 15TH ST. #101**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beth W. Bartholomew**

3-30-03 954 522 5244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth W Bartholomew

Date

Daytime Phone #

CR2E034 (10/02)