


FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90053 023 ***150.00

DOCUMENT # F01000001000

1. Entity Name

BROMAN, INC.



Principal Place of Business

19333 COLLINS AVE
#2209
NORTH MIAMI BEACH FL 33160

Mailing Address

19333 COLLINS AVE
#2209
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

19333 COLLINS AVE, # 2209

Suite, Apt. #, etc.

3. Mailing Address

19333 COLLINS AVE, # 2209

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL 33160

Zip

33160

Country

4. FEI Number

23-2941132

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

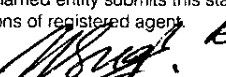
6. Name and Address of Current Registered Agent

BUGLEVSKY, ROMAN
19333 COLLINS AVENUE
UNIT 2209
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name
ROMAN BUGLEVSKI
Street Address (P.O. Box Number is Not Acceptable)
19333 COLLINS AVE, # 2209
City
SUNNY ISLES BEACH FL Zip Code
33160

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)

ROMAN BUGLEVSKI
President
03-17-2004
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

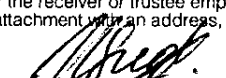
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BUGLEVSKY, ROMAN	
STREET ADDRESS	19333 COLLINS AVE #2209	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  ROMAN BUGLEVSKI
President
03-17-04 (305) 931-5819
Date Daytime Phone #