

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90118 013 ***150.00

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DOCUMENT # F01000001000

1. Entity Name
BROMAN, INC.



Principal Place of Business
**19201 COLLINS AVENUE
SUNNY ISLES BEACH FL UN-IT 5**

Mailing Address
**19201 COLLINS AVENUE
SUNNY ISLES BEACH FL UN-IT 5**



2. Principal Place of Business

3. Mailing Address

19333 COLLINS AVE., #2209

19333 COLLINS AVE., #2209

Suite, Apt. #, etc.
#2209

Suite, Apt. #, etc.
#2209

☐ CHECK HERE IF MAKING CHANGES

City & State
SUNNY ISLES BEACH, FL

City & State
SUNNY ISLES BEACH, FL

4. FEI Number **23-2941132**

Applied For
Not Applicable

Zip Country

Zip Country

33160

33160

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

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

Name
ROMAN BUGLEVSKI
Street Address (P.O. Box Number is Not Acceptable)
19333 COLLINS AVE, #2209
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 *Roman Buglevski* **ROMAN BUGLEVSKI**

04-07-03

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 **P** ☒ Delete
NAME **BUGLEVSKY, ROMAN**
STREET ADDRESS **19201 COLLINS AVENUE, UNIT 5**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Roman Buglevski**
STREET ADDRESS **19333 COLLINS AVE, #2209**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-03

(305) 469-1212

Date

Daytime Phone #

CR2E034 (10/02)