

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46430

1. Entity Name

BRYANT REPORTING, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90060 008 ***150.00

Principal Place of Business

870 N.W. 86 AVENUE
APT 704
PLANTATION FL 33324
US

Mailing Address

PO BOX 17532
PLANTATION FL 33318-7532
US

2. Principal Place of Business

8940 JACARANDA LANE
Suite, Apt. #, etc.
PLANTATION
City & State
FL.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

33324

BROWARD

Country

4. FEI Number

59-2207728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, ALLAN M.
SHUTTS & BOWEN LLP
200 E. BROWARD BLVD., 2000 FIRST UNION CTR
FORT LAUDERDALE FL 33301

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRYANT, MARTHA A
870 N.W. 86TH AVENUE #704
PLANTATION FL

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
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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:

Martina Bryant Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA A. BRYANT

1/6/00

Date

(954) 473 4947

Daytime Phone #