

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62291

1. Entity Name

BRAVI CORPORATION

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90071 014 ***150.00

Principal Place of Business

Mailing Address

130 S. W. 8TH STREET, 2ND FLOOR
MIAMI FL 33130

JET PACK, JP-911
P.O. BOX 02-5284
MIAMI FL 33102-5284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2175085

Applied For

Not Applicable

Zip

Country

Zip

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

KOLBER CLIFFORD M
7001 SW 97TH AVE STE 210
7001 S.W. 97TH AVE., STE 210
MIAMI FL 33173

Name: Harvey L. Levinson

Street Address (P.O. Box Number is Not Acceptable)

9485 Sunset Drive, Suite A-252

City Miami

FL

Zip Code
33173

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

Harvey L. Levinson

Harvey L. Levinson, CPA

January 24th, 2000

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 PD ☐ Delete
NAME BRACHE, JOSE A
STREET ADDRESS 13006 SW 133RD COURT
CITY-ST-ZIP MIAMI, FL 00000 33186-5855

TITLE PD ☒ Change ☐ Addition
NAME BRACHE, JOSE A.
STREET ADDRESS 130 S. W. 8th Street, 2nd Floor
CITY-ST-ZIP Miami, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Jose A. Brache*

JOSE A. BRACHE, President, Jan. 24th, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 854-4066

CR2E034 (9/99)