

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002792

1. Entity Name

BRAIS, INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90061 004 ***150.00

Principal Place of Business

Mailing Address

8680 SW 212 ST. APT 202
MIAMI FL 33189

8680 SW 212 ST. APT 202
MIAMI FL 33035-1343

2. Principal Place of Business

20505 S. DIXIE HWY

3. Mailing Address

2040 SE 26 LANE

Suite, Apt. #, etc.

1743

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

HOMESTEAD, FLORIDA

Zip

Country

33189

DADE

Zip

Country

33035

DADE

4. FEI Number

43-1668732

Applied For

Not Applicable

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

BRAIS, JOHN D
8680 SW 212 ST, APT 202
MIAMI FL 33189

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAIS, JOSEPH A 3780 THISTLEDOWN FLORISSANT MO 63033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAIS, JOHN D 8680 SW 212 ST, APT 202 MIAMI FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 305 254-5501

CR2E034 (9/99)