

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90104 008 ***150.00

DOCUMENT # F96000004462

1. Entity Name

BRETT HOLDINGS, INC.

Principal Place of Business

Mailing Address

6700 N. ANDREWS AVE. SUITE 500
 STE 401
 FT LAUDERDALE FL 33309

6700 N. ANDREWS AVE. SUITE 500
 STE 401
 FT LAUDERDALE FL 33309-2199

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.
 2600 N. Military Trail
 Ste 206

Suite, Apt. #, etc.
 Ste 206

City & State
 Boca Raton FL

City & State
 Boca Raton FL

Zip
 33431

Zip
 33431

Country
 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0674557**

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

LOEWENSTERN, ELLIOT
 6700 N. ANDREWS AVE, SUITE 500
 STE 401
 FT LAUDERDALE FL 33309

Name

2600 N. Military Trail
 Ste 206

Boca Raton

FL

Zip Code
 33431

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
 ST
 LOEWENSTERN, ELLIOT
 6700 N ANDREWS AVE STE 421
 FT LAUDERDALE FL 33309 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 2600 N. Military Trail, Ste 206
 Boca Raton FL 33431 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)