

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000003880**

1. Entity Name

**BRW ACQUISITION, INC.**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90448 038 \*\*\*150.00

0321314 AV

Principal Place of Business

**C/O KOHLBERG KRAVIS ROBERTS & CO**  
**9 WEST 57TH ST., STE 4200**  
**NEW YORK NY 10019**

Mailing Address

**5701 STIRLING ROAD**  
**FINANCE DEPARTMENT**  
**DAVIE FL 33314**

80064314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-3994449**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 2002 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 ☐ Delete  
NAME **PD GOLKIN, PERRY**  
STREET ADDRESS **9 WEST 57TH ST., STE 4200**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
NAME **PD OFFICERS**  
STREET ADDRESS  
CITY-ST-ZIP  
APPROVED BY: \_\_\_\_\_  
(SIGNATURE)

TITLE ☐ Delete  
NAME **VSD FISHER, TODD**  
STREET ADDRESS **9 WEST 57TH ST., STE 4200**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
NAME **DATE OF APPROVAL:**  
STREET ADDRESS  
CITY-ST-ZIP  
**CITY-ST-ZIP # DEPT # STATE #**

TITLE ☐ Delete  
NAME **T SUTTON, RANDY**  
STREET ADDRESS **5701 STIRLING ROAD**  
CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete  
NAME **D SIMON, DONALD**  
STREET ADDRESS **5701 STIRLING ROAD**  
CITY-ST-ZIP **DAVIE FL 33314**

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

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  
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:

*Randy Sutton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RANDY SUTTON**

Date

Daytime Phone #

**4/3/02 954.316.5200**

CR2E034 (9/01)