

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004986

1. Entity Name

B & R AGENCIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90947 038 ***150.00

Principal Place of Business

Mailing Address

~~1007 N. AMERICAN WAY, 3RD FL~~
~~MIAMI FL 33132~~

~~1007 N. AMERICAN WAY, 3RD FL~~
~~MIAMI FL 33132-2024~~

2. Principal Place of Business

8095 NW 12 ST

3. Mailing Address

8095 NW 12 ST

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami FL

City & State

Miami FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

57-0737950

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

RANNIK, JULIE K
 200 S. BISCAYNE BLVD, SUITE 3460
 MIAMI FL 33131-5308

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 RANNIK, JAAK E ABRAHAM LINCOLN 504, SANTO DOMINGO DOMINICAN REPUBLIC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTRO, FELIPE ABRAHAM LINCOLN 504, SANTO DOMINGO DOMINICAN REPUBLIC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANNIK, VICTOR J 975 MORRISON DR CHARLESTON SC 29403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EPTING, ANDREW K 16 CHARLOTTE ST CHARLESTON SC 29403	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (843) 577-9316

Date

Daytime Phone #