## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## FILED **DOCUMENT # G64044** May 22, 2000 8:00 am Secretary of State BRAVE ENTERPRISES, INC. 05-22-2000 90004 016 \*\*\*150.00 Mailing Address Principal Place of Business 9067 W ATLANTIC BLVD. 9067 W ATLANTIC BLVD. CORAL SPRINGS FL 33071-6953 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2428331 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Braverman, Hedy Street Address (P.O. Box Number is Not Acceptable) 7801 SEQUIA LAND PARKLAND FL 33107 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition D WEETWO ☐ Change ☐ Delete TITLE TITLE NAME BRAVERMAN, JEFFREY STREET ADDRESS STREET ADDRESS 5111 NW 84TH AVE CITY-ST-ZIP CITY-ST-7IP LAUDERHILL, FL 00000 ■ Addition ☐ Delete TITLE TITLE NAME Braverman, Hedy D. NAME STREET ADDRESS STREET ADDRESS 7801 SEQUIA LAND CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Addition ☐ Delete TITLE TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

President 5-100