

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90656 041 ***150.00

DOCUMENT # K57262.

1. Entity Name
BRACO, INC.

Principal Place of Business

C/O BARRY N. SEMET
 100 S.E. 2ND ST. 17TH FL
 MIAMI FL 33131

Mailing Address

C/O BARRY N. SEMET
 100 S.E. 2ND ST. 17TH FLOOR
 MIAMI FL 33131

00000410



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 **65-0092950**

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

SEMET, BARRY N
100 S.E. 2ND ST.
FLOOR 17
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **DP DELIMA, MILDRED**
 STREET ADDRESS **3500 MYSTIC PINTE DR., #1208**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **DP DELIMA, MILDRED**
 STREET ADDRESS **100 S.E. 2ND ST - 17th FLOOR**
 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE Delete
 NAME **DVP DELIMA, JAIME**
 STREET ADDRESS **3500 MYSTIC POINTE DR #1208**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **DVP DELIMA, JAIME**
 STREET ADDRESS **100 SE. 2ND ST. - 17th FLOOR**
 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE Delete
 NAME **DST DE LIMA, LINDA**
 STREET ADDRESS **3500 MYSTIC POINTE DR #1208**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **DST DELIMA, LINDA**
 STREET ADDRESS **100 S.E. 2ND ST. - 17th FLOOR**
 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE Delete
 NAME **D DELIMA, RENE**
 STREET ADDRESS **3500 MYSTIC POINTE DR #1208**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **D DELIMA, RENE**
 STREET ADDRESS **100 S.E. 2ND ST. - 17th FLOOR**
 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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: Mildred Delima **MILDRED DELIMA** **MARCH 10, 2001** **305-935-6038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)