

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 031 ****50.00

DOCUMENT # **L01000020092**

1. Entity Name

THE BRAND EXPERIENCE, C.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 1st Terrace
Suite, Apt. #, etc.
Rio Alto Island

City & State
Miami Beach, FL

Zip **33139** Country **USA**

3. Mailing Address

115 1st Terrace
Suite, Apt. #, etc.
Rio Alto Island

City & State
Miami Beach, FL

Zip **33139** Country **USA**

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4. FEI Number

65-1156455

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Mark Schmidt**

Street Address (P.O. Box Number is Not Acceptable)

115 1st Terrace

Rio Alto Island

City **Miami Beach**

FL

Zip Code
33139

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Managing Partner Mark Schmidt 115 1st Terrace, Rio Alto Island Miami Beach, FL 33139	
Partner Bethany Bunnell 115 1st Terrace, Rio Alto Island Miami Beach, FL 33139	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Schmidt

Date

Daytime Phone #

4/15/02 (305) 538-6805