## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L53083

1. Entity Name

BRANDT REALTY INVESTMENT, CORP.

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90112 033 \*\*\*150.00

Principal Place of Business 2717 E OAKLAND PK BLVD 200 FT LAUDERDALE FL 3306 US		Mailing Address 2717 E OAKLAND PARK BLVD 200 FT LAUDERDALE FL 33306 US							
2. Principal Place of Business		3. Mailing Address					01811 B1811 B1811 B	1011 <b>3</b> 1011 1331	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	е	City & State			4. 1	FEI Number 65-0177778 Applied For Not Applicable			
Zip	Country	Zip		Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7, 1	7. Name and Address of New Registered Agent			
				Name	- Name				
BRANDT, EDUARDO 2717 E OAKLAND PARK BLVD				Street	Address (P.O. B	dress (P.O. Box Number is Not Acceptable)			
SUME 200						· · · · · · · · · · · · · · · · · · ·	·		
FI LAUDE	RDALE FL 33306		City			, FI	Zip Cod	e	
	ions of registered agent.				or registered ag . ature required when re	einstating)	n familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of St			State			9. Election Campaign Financing Trust Fund Contribution.		May Be d to Fees	
10.	OFFICERS AND I	DIRECTOR	7S	11.	AD	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BRANDT, EDUARDO M. 2717 E OAKLAND PARK BLVD FT LAUDERDALE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		<u>.</u>	☐ Delete	TITLE NAME		when we are a second se	Change	Addition	
STREET ADDRESS				STREET ADDRESS	'				

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE NAME

TITLÉ NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

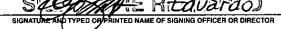
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

CITY-ST-ZIP



☐ Delete

☐ Delete

☐ Delete

Brandt

(954) 563 4898

Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition

Daytime Phone #

Date

3R2E034 (10/02)