## 2000 UNIFORM BUSINESS REPORT (UBR)

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

## FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # M48158 1. Entity Name CAROL L. BRAY ENTERPRISES, INC. 04-27-2000 90099 026 \*\*\*150.00 Principal Place of Business Mailing Address C/O BRAY, CAROL C/O BRAY, CAROL 702 SW 15TH ST. 702 SW 15 ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-8639 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2786984 Not Applicable Zip Zìp Country \$8.75 Additional Country 5. Certificate of Status Desired 1 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent L. Grossfeld, Esq BRAY, CAROL L Street Address (P.O. Box Number is Not Acceptable) 107 SE 10th St. 702 SW 15 ST POMPANO BEACH FL 33060 City Ft Lauderdale 33316 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. <u>Seril L. Grossfeld</u> (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 11. D, P, S, T Сhange ■ Addition ST TITLE TITLE ☐ Delete Bray, Carol L. NAME BRAY, CAROL L. NAME STREET ADDRESS STREET ADDRESS 208 N.E. 26TH DRIVE 208 NE 26 Dr CITY-ST-7IP CITY-ST-ZIP Wilton Manors, FL 33305 WILTON MANORS FL Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change ■ Addition TITLE NAME 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