# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 APR 24 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000783

1. Entity Name
BRMI, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1380 Chapparel Way<br>West Palm Beach, Fl<br>33414 | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1380 Chapparel Way | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: West Palm Beach, Florida | City & State |
| Zip: 33414 Country: USA | Zip Country |

DO NOT WRITE IN THIS SPACE 3/23/00 900110298 $61.25

4. FEI Number: EIN 59-3598144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Scott C. Dixon
550 E. Strawbridge Ave, Suite C
Melbourne, Florida 32901

7. Name and Address of New Registered Agent

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)

FILE NOW! FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Benjamin Rubin - D<br>1380 Chapparel Way<br>West Palm Beach, FL 33414 | ☐ Delete | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Darrell Day - D<br>2116 E. Hwy 74<br>Hamlet, N.C. 28345 | ☐ Delete | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Dawn Cole - D<br>12700 Springbranch Dr.<br>Laurinburg, N.C. 28352 | ☐ Delete | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition |
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CR2E037 (9/99)

12. 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 617, 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.

KE

SIGNATURE: BENJAMIN RUBIN 03-16-2000 (561)790-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/27