

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91750 049 ****61.25

DOCUMENT # N000000000783

1. Entity Name

B.R.M.I, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4206 AUTUMN MIST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 27395

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAN ANTONIO TX

Zip

Country

78253

City & State

SAN ANTONIO TX

Zip

Country

78227

4. FEI Number

59-3508144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DIXON, SCOTT C

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

550 E STRAWBRIDGE AVE

SUITE C

City

MELBOURNE

FL

Zip Code

32901

**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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE PD
NAME RUBIN, BENJAMIN
STREET ADDRESS 4206 AUTUMN MIST
CITY-ST-ZIP SAN ANTONIO, TX 78253

TITLE VPD
NAME DAY, DARRELL
STREET ADDRESS 2116 W. HWY. 74
CITY-ST-ZIP HAMLET, NC 28345

TITLE SD
NAME COLE, DAWN
STREET ADDRESS 12700 SPRINGBRANCH DR.
CITY-ST-ZIP LAURINBURG NC 28352

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000783

1. Entity Name

BRMI, INC.

Attachment

Principal Place of Business

1380 CHAPPAREL WAY
WEST PALM BEACH FL 33414

Mailing Address

1380 CHAPPAREL WAY
WEST PALM BEACH FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3598144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIXON, SCOTT C
550 E STRAWBRIDGE AVE
SUITE C
MELBOURNE FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, BENJAMIN		NAME		
STREET ADDRESS	1380 CHAPPAREL WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, DARRELL		NAME		
STREET ADDRESS	2116 W. HWY. 74		STREET ADDRESS		
CITY-ST-ZIP	HAMLET NC 28345		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, DAWN		NAME		
STREET ADDRESS	12700 SPRINGBRANCH DR.		STREET ADDRESS		
CITY-ST-ZIP	LAURINBURG NC 28352		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: SIGNATURE REQUIRED