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

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

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1. Entity Name	MENT	# N000	20000	783							0 049 ****61.25	
B.R.M.I, INC.												
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2. Principal Pl	lace of Busin	ness	3. Mailing A									
4206 AUTUMN MIST P.O. BOX 27395						5						
Suite, Apt. #, etc. Suite, Apt. #, etc.				1			DO NOT WRITE IN THIS SPACE					
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8. The above	named entit	ty submits this statement	for the purpose	of changing its	registere	d office or	register	ed agent, or both, i	n the state of Fk	orida.		
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SIGNATURE.	Cleantra team	d or printed name of registered age	ust and title if applicable	e (NOT	F: Registered	1 Agent signati	ure required	when reinstating)		DATE		
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2001	UNIFORM BUS	INESS REPOR	RT (UBI				,
DOCUI	MENT # N00000	000783		ff:	ttaahn	1000	_
BRMI, IN	1C.	. •			599		3
Principal Plac	e of Business	Mailing Address					
1380 CHAPPA WEST PALM (REL WAY DEACH FL 33414	1380 CHAPPAREL WAY WEST PALM BEACH FL 334	14 .				
2. Principal P	face of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN 1	THIS SPACE	
City & State	3	City & State		4. FEI Numb	er 59-3598144	ļ ļ	oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Regist		
			Name				
DIXON, S	COTT C RAWBRIDGE AVE		Street A	ddress (P.O. Box Numb	er is Not Acceptable)		
SUITE C MELBOURNE FL 32901			City		FL Zip Code		
SIGNATURE .	Signature, typed or pristed name of registered egon/	9. Election Campaign F Trust Fund Contribution	inancing	\$5.00 May Be Added to Fees		PATE	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AN		10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIN, BENJAMIN 1380 CHAPPAREL WAY WEST PALM BEACH FL 33414	☐ Delete	TITLE NAME STREET AODRESS CITY+ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAY, DARRELL 2116 W. HWY. 74 HAMLET NC 28345	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$	The second second	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, DAWN 12700 SPRINGBRANCH DR. LAURINBURG NC 28352	☐ Deleta	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	☐ Addition
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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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE PROGREEL

CITY-ST-ZIP