

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007829

1. Entity Name

BRATT INVESTMENT GROUP, INC.

FILED

Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90208 042 ***150.00

Principal Place of Business

Mailing Address

5453 OAK CLUSTERS TERR.
ORLANDO FL 32808

5453 OAK CLUSTERS TERR.
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3621055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAVES, DONNA L ESQ
120 E. CONCORD ST.
ORLANDO FL 32801

Name

Victoria A. Bratt-Veitia

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

5453 Oak Clusters Terrace

City

Orlando

FL

Zip Code

3280 8

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BRATT, CAROLINA
STREET ADDRESS 5453 OAK CLUSTERS TERR.
CITY-ST-ZIP ORLANDO FL 32808

TITLE P ☒ Change ☐ Addition
NAME Carolina Bratt
STREET ADDRESS 5453 Oak Clusters Te
CITY-ST-ZIP Orlando, Fl. 32808

TITLE VP ☐ Delete
NAME Victoria A. Bratt-Veitia
STREET ADDRESS 5453 Oak Clusters Terrace
CITY-ST-ZIP Orlando, Fl. 32808

TITLE VP ☐ Change ☒ Addition
NAME Victoria A. Bratt-Veitia
STREET ADDRESS 5453 Oak Clusters TerraCE
CITY-ST-ZIP Orlando, Fl. 32808

TITLE D ☐ Delete
NAME Ramon E. Veitia
STREET ADDRESS 5453 Oak Clusters Terrace
CITY-ST-ZIP Orlando, Fl. 32808

TITLE D ☐ Change ☒ Addition
NAME Ramon E. Veitia
STREET ADDRESS 54553 Oak Clusters Terrace
CITY-ST-ZIP Orlando, Fl. 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, 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 #

CR2E034 (10/00)