

2001 UNIFORM BUSINESS REPORT (UBR)

3/27/

FILED

May 03, 2001 8:00 am
Secretary of State

03-27-2001 90015 049 ***150.00

DOCUMENT # P00000042143

1. Entity Name

BRANJA, INC.

Principal Place of Business

9514 S.W. 1ST PLACE
CORAL SPRINGS FL 33071

Mailing Address

9514 S.W. 1ST PLACE
CORAL SPRINGS FL 33071

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

165-100-2967

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SACHS, ROBYN

9514 S.W. 1ST PLACE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name ROBYN SACHS

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

9514 SW 1st Place

City Coral Springs

FL

Zip Code 33071

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 releasing)

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

TITLE DP Robyn Sachs
NAME 9514 SW 1st Pl
STREET ADDRESS Coral Springs FL 33071
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

CR2ED34 (10/00)

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