

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90234 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000060781*

1. Entity Name
MYNJ BRAVO, INC.
LA CRIOLLA

Principal Place of Business
402 W. VINE ST.
KISSIMMEE, FL.
34741-4155

Mailing Address
402 W. VINE ST.
KISSIMMEE, FL.
34741-4155

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

59-3650401

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

7. Name and Address of New Registered Agent

MARISOL BRAVO
5236 LONG RD. APT. C
ORLANDO, FL. 32808

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 date 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
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$350.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NICHOLAS BRAVO 5236 LONG RD. APT C. ORLANDO, FL. 32808	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARISOL BRAVO 5236 LONG RD. APT C ORLANDO	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

13. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: A DIRECTOR

Marisol Bravo

Date

Daytime Phone #

5-17-01 **846-0200**

CR2E034 (1/1/00)