

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-22-2001 90641 021 ***150.00

DOCUMENT # 000000063004
 1. Entity Name
I WANT MY BRAIN BACK PLEASE, INC.

Principal Place of Business Mailing Address
19390 COLLINS AVENUE Suite 1515
Miami, FL 33160

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1515
 City & State City & State
Miami, FL
 Zip Country Zip Country
33160 USA

4. FEI Number
65-1021836
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

75098

6. Name and Address of Current Registered Agent
LISA R. DELMAN
65 NE 90th Street
EL PORTAL, FL 33138

7. Name and Address of New Registered Agent
 Name LISA R. DELMAN
 Street Address (P.O. Box Number is Not Acceptable)
65 NE 90th Street
 City EL PORTAL FL Zip Code 33138

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 Lisa R Delman Lisa R Delman 04/30/01
 Signature, typed or printed name of registered agent and use 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Lisa R Delman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-931-6111
 Date Daytime Phone

CR2E034 (11/00)