

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90241 044 ***158.75

DOCUMENT # P000000049275 ✓
1. Entity Name
Cognizatti, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3775 Pebblebrook Ct.</u> Suite, Apt. #, etc.		3. Mailing Address <u>6574 N. State Rd. 7</u> Suite, Apt. #, etc. <u>PMB 250</u>	
City & State <u>Coconut Creek, FL</u>		City & State <u>Coconut Creek, FL</u>	
Zip <u>33073</u>	Country <u>USA</u>	Zip <u>33073</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>651025733</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Julia Brauner</u> Street Address (P.O. Box Number is Not Acceptable) <u>3775 Pebblebrook Court</u> <u>Coconut Creek</u> City <u>FL</u> Zip Code <u>33073</u>		

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 Julia Brauner Julia Brauner 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOT: 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)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>Director</u> <u>Julia Brauner</u> <u>3775 Pebblebrook Ct.</u> <u>Coconut Creek, FL 33073</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julia Brauner Julia Brauner 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)