

5/21

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

05-21-2001 90032 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070371

1. Entity Name

Brilliant Ideas

Principal Place of Business

Boca Raton, FL

Mailing Address

8301 Boca Glades Blvd. E.
 Boca Raton, FL 33434

2. Principal Place of Business

8301 Boca Glades Blvd. E.

3. Mailing Address

8301 Boca Glades Blvd. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1048312

Applied For

Not Applicable

Zip

33434

Country

U.S.A.

Zip

33434

Country

USA

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

Lisa Kubenez

8301 Boca Glades Blvd. E.

Boca Raton, FL 33434

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

Lisa Kubenez
 Signature, typed or printed name of registered agent and title if applicable

Lisa Kubenez

4/20/01

(NOTE: Registered Agent signature required when re-registering)

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: President ☐ Delete
 NAME: Lisa Kubenez
 STREET ADDRESS: 8301 Boca Glades Blvd. E.
 CITY-ST-ZIP: Boca Raton, FL 33434

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME: Lisa Kubenez
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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

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

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

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

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

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

13. I hereby

indicated the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
 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 Kubenez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Kubenez