

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088096

1. Entity Name
BRANDYWINE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90043 016 ***150.00

Principal Place of Business

155 S MIAMI AVE. PH 1
MIAMI FL 33130

Mailing Address

155 S MIAMI AVE. PH 1
MIAMI FL 33130

2. Principal Place of Business

155 S MIAMI AVE. PH 1
DADE COUNTY FL
PH1

3. Mailing Address

155 S MIAMI AVE
PH1

City & State

MIAMI FL

Zip
33130

Country
U.S.

City & State

MIAMI FL

Zip
33130

Country
U.S.

4. FEI Number

65-1040754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, BRAD
155 S MIAMI AVE, PH 1
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name **BRAD ALEXANDER**
Street Address (P.O. Box Number is Not Acceptable)
155 S MIAMI AVE. PH1
City **MIAMI** FL **33130**

8. The above named **BRAD ALEXANDER** is 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 is 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	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, BRAD	
STREET ADDRESS	155 S MIAMI AVE, PH 1	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRINI, DELINDIR	
STREET ADDRESS	443 NE 70 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/25/01 305 530 8071

CR2E034 (10/00)