

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

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 046 ***150.00

DOCUMENT# **P000000088096**

1. Entity Name

BRANDYWINE, INC



DO NOT WRITE IN THIS SPACE

40091904

2. Principal Place of Business

19 W. FLAGLER ST.

Suite, Apt. #, etc.

410

City & State

MIAMI FL

Zip

33130

Country

U.S.

3. Mailing Address

19 W. FLAGLER ST.

Suite, Apt. #, etc.

410

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BRAD ALEXANDER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

19 W. FLAGLER ST. #410

City

MIAMI

FL

Zip Code

33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brad Alexander

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PRESIDENT
BRAD ALEXANDER
19 W. FLAGLER ST. #410
MIAMI FL 33130**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowerment.

SIGNATURE:

Brad Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/06 (305) 350 9110

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

40091904

#00000088096

PLEASE EXCUSE
TARDINESS, WE
MOVED!
