2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State DOCUMENT # P00000095559 1. Entity Name 05-29-2002 90728 048 ***150.00 THE BRAMWELL GROUP INC. Principal Place of Business Mailing Address 4850 N ST RD 7 4850 N. ST. RD. 7. #G124 LAUDERDALE LAKES FL 33319 #G 124 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0987651 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRAMWELL, DAWN D 6021 NW 25TH ST. SUNRISE FL 33313 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (10/6) TITLE ☐ Delete ☐ Addition NAME BRAMWELL, DAWN D NAME CR2E034 STREET ADDRESS STREET ADDRESS 6021 NW 25TH ST. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME BRAMWELL, GILBERT J I STREET ADDRESS STREET ADDRESS 6021 NW 25TH ST. CITY-ST-7IP CITY-ST-ZIP SUNRISE FL 33313 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 rustee 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N 974-777-399

FILED

Daytime Phone #



Huchment

THE BRAMWELL GROUP INC 4850 NORTH STATE ROAD 7 SUITE G 124 LAUD.LAKES. FL 33319

THE FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS, FLORIDA

RE: 2002 UNIFORM BUSINESS REPORT

200000095559

DEAR SIR/MADAM

ENCLOSED PLEASE FIND COPY OF 2002 UNIFORM-BUSINESS-REPORT WHICH WAS RECEIVED IN MAY 2002.

PLEASE IF POSSIBLE WAIVE LATE FEES DUE TO THE CIRCUMSTANCES.

THANK YOU VERY MUCH,

VERY TRULY YOURS,

DAWN D.BRAMWELL

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