FILED

DOCUMENT # P00000110517  1. Entity Name BRYAN GRANT FINANCIAL ADVISORS, INC.				Secretary of State		n <sup>75846</sup> ≥
Principal Place of Business 2101 CORPORATE BLVD. NW STE 317 BOCA RATON FL 33431		Mailing Address 2101 CORPORATE BLVD. NW STE 317 BOCA RATON FL 33431		\$   <b>0.6</b>     <b>0.6</b>           <b>0.6</b>         <b>0.6</b>		<b>1</b> 11111
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 65 - 106 05	Applied Not App	
Zip	Country	Zip	Country	5. Certificate of Status Desire	\$9.75 Additions	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of Ne	w Registered Agent	
JENKINS, M DERRICK 2101 CORPORATE BLVD. NW STE 317 BOCA RATON FL 33431				Street Address (P.O. Box Number is Not Acceptable)		
8. The above	named entity submits this statement for signature, typed or printed name of registered agent at		City gistered office or regis		FL Zip Code of Florida.	
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so.	After September 12, 2 Make Check Payable	to Department of S	State	oution. Added to Fe	ees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENKINS, M DERRICK 2101 CORPORATE BLVD. NW STE BOCA RATON FL 33431	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 1	H2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEVY, JOEL I NAI 2101 CORPORATE BLVD. NW STE 317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ومعروب المحادث والمعروب المحادث والمحادث والمعروب	☐ Change ☐	Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENKINS, CINDY R 2101 CORPORATE BLVD. NW STE 317		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, SHEILA B 2101 CORPORATE BLVD. NW STE BOCA RATON FL 33431	□ Delete : <b>317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition
changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or tlustee shoot, or on an attachment with an address with the control of the	this fling does not qualify for the true and accurate and that my wred to execute this report as it all other like empowered.	e exemption stated in signature shall have th required by Chapter (		·	ation ector k 12 if
SIGNAT	URE: SIGNATURE AND TYPED OR PR	TED NAME OF SIGNING OFFICER OR	DIRECTOR	7-13-01 Date	959-757-JUI Daytime Phone #	<del>'</del>





## Bryan Grant Financial Advisors, Inc.

2101 Corporate Blvd. NW, Suite 317 Boca Raton, FL 33431

Joel I. Levy, CPA, MST, PFS M Derrick Jenkins, Financial Advisor

561-893-0404 561-998-7771 FAX jilepa@bellsouth.com

djenkins@fscorp.com

Email Email

July 12, 2001

Division of Corporations Uniform Business Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Bryan Grant Financial Advisors, Inc. ID# 65-1060877
2001 Uniform Business Report

## Gentlemen,

We are writing is response to receiving your package with the above referenced report. We are enclosing the completed and executed form as required.

However, this was our first full year in business, and we never received anything prior to this package.

Based upon the above, and the fact that we responded as soon as we received your correspondence, we are enclosing our check in the amount of \$150.00 and respectfully request that you accept this as our 2001 annual payment.

We thank you for your consideration in this matter.

Very truly yours,

Bryan Grant Financial Advisors, Inc.

M. Derrick Jenkins

President