

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

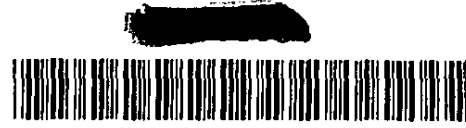
**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90274 046 \*\*\*150.00

**DOCUMENT # P00000113242**

1. Entity Name  
**B & R PROMOTIONS, INC.**

Principal Place of Business      Mailing Address  
 7000 WEST PALMETTO PARK ROAD SUITE 200      7000 WEST PALMETTO PARK ROAD SUITE 200  
 BOCA RATON FL 33433      BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 700 S. Federal Hwy.      700 S. Federal Hwy.  
 Suite 200-SZG      Suite 200-SZG  
 Boca Raton, FL 33432      Boca Raton, FL 33432

4. FEI Number      Applied For  
 65-1066729      Not Applicable

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**

GARELLEK, STEVEN 7000 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433	Name	Garellek, Steven
	Street Address	700 S. Federal Hwy., Suite 200 Boca Raton, FL 33432
	City	
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

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 NAME STREET ADDRESS CITY-ST-ZIP	REC MOREAU <input type="checkbox"/> Delete PRESIDENT 2716 OAK TREE LANE FT LAUD FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BRUCE ROSS MEYER 2716 OAK TREE LANE FT LAUD. 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: REC MOREAU      4-23-01      954 7129375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Days the Form is