

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90110 036 \*\*\*550.00

**DOCUMENT # P00000113242**

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

Principal Place of Business Mailing Address  
**700 S FEDERAL HWY 700 S FEDERAL HWY**  
**SUITE 200-SZG SUITE 200-SZG**  
**BOCA RATON FL 33432 BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1284 S. FED HWY 1284 S. FED HWY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**POMPANNO FL. POMPANNO FL.**  
 Zip Country Zip Country  
**33062 U.S.A. 33062 U.S.A.**

4. FEI Number **65-1066729** Applied For  
 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**  
**700 S FEDERAL HWY**  
**SUITE 200**  
**BOCA RATON FL 33432**

Name **MORREAU REG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2716 OAK TREE LANE**  
 City **FT LAUD.** FL Zip Code **33309**

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 *[Signature]* DATE **9-10-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>NAREAU, LEE</b>	
STREET ADDRESS <b>2716 OAK TREE LANE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MEYERS, BRUCE DOBS</b>	
STREET ADDRESS <b>2716 OAK TREE LANE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33304</b>	
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 <b>PRESIDENT MORREAU REG</b>	
STREET ADDRESS <b>2716 OAK TREE LANE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33309</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>V.P. ROSS MEYER BRUCE</b>	
STREET ADDRESS <b>2716 OAK TREE LANE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>	
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]* DATE **9-10-02** PHONE # **954 5453516**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)