2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000014840 1. Entity Name BRAVA DESIGN II, INC.				FILED Feb 17, 2002 8:00 am Secretary of State 02-17-2002 90056 027 ***150.00
Principal Place of Business 10625 N. MILITATY TRAIL. SUITE 205 PALM BCH GARDENS FL 33410		Mailing Address 10625 N. MILITATY TRAIL. SUITE 205 PALM BCH GARDENS FL 33410		
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 Not Applicable
Zip	Country	Zip +,	Country	5 Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
VASSALOTTI, NICHOLAS S 8361 SE DOUBLE TREE DR. PALM BCH GARDENS FL 33410			Street Address City	s (P.O. Box Number is Not Acceptable) FL Zip Code
Tax filing r	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangi requirement and elects to do so, ria on back)	ble FILE NOW!	E: Registered Agent signature requi	10. Election Campaign Financing \$5.00 May Be
11.		ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBILT, PEGGY M 10625 N. MILITATY TRAIL, SU PALM BCH GARDENS FL 334	☐ Delete TE 205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBILT, JOHANNES A 10625 N. MILITATY TRAIL, SU PALM BCH GARDENS FL 334		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS : DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS DITY-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	☐ Change ☐ Addition
ITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the corr	on this report or supplemental report	rt is true and accurate and that r	ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if