

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90641 001 ***158.75

0401449 AV

DOCUMENT # P01000015937

1. Entity Name
BRASVEN U.S.A., INC.

Principal Place of Business
**59 N.W. 45TH AVENUE #112
DEERFIELD BEACH FL 33442**

Mailing Address
**59 N.W. 45TH AVENUE #112
DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1140 HOLLAND DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 17

City & State

City & State

BOCA RATON, FLORIDA

Zip

Country

Zip

Country

33407

USA

4. FEI Number

65-1077165

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name

DANIEL PASQUALETTO

Street Address (P.O. Box Number is Not Acceptable)

1140 HOLLAND DRIVE, SUITE #17

City

BOCA RATON

FL

Zip Code

33407

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]

DANIEL PASQUALETTO - PRS

3/21/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **PASQUALETTO, DANIEL M**
CITY-ST-ZIP **59 N.W. 45TH AVENUE #112
DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **PASQUALETTO, DANIEL M**
CITY-ST-ZIP **13597 KILTIE CT.
DELRAY BEACH, FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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]

DANIEL PASQUALETTO - PRS

3/21/02 (561) 241 0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)