

FILED

Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90066 030 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042824

Entity Name
BRACHA, INC.

Principal Place of Business
9801 Collins Av.
Suite 16-C
Bal Harbour FL 33154

Mailing Address
16300 NE 19 AVENUE SUITE C
NORTH MIAMI BEACH FL 33162

3. Mailing Address
16300 NE 19 Ave
 Suite, Apt. #, etc.
C

City & State
N. Miami Beach FL

Zip
33162

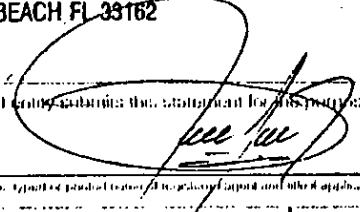
4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SILVA, FERNANDO
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name: **FERNANDO SILVA**
 Street Address (P.O. Box Number is Not Acceptable):
16300 NE 19 AVE - 1C
 City: **N. Miami Beach** FL Zip Code: **33162**

This document is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: **8/12/02**

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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
1	NAME	☐ Delete	11A	☐ Change	☐ Addition
2	STREET ADDRESS		11B		
3	CITY-STATE-ZIP		11C	☐ Change	☐ Addition
4	NAME	☐ Delete	11D	☐ Change	☐ Addition
5	STREET ADDRESS		11E		
6	CITY-STATE-ZIP		11F	☐ Change	☐ Addition
7	NAME	☐ Delete	11G	☐ Change	☐ Addition
8	STREET ADDRESS		11H		
9	CITY-STATE-ZIP		11I	☐ Change	☐ Addition
10	NAME	☐ Delete	11J	☐ Change	☐ Addition
11	STREET ADDRESS		11K		
12	CITY-STATE-ZIP		11L	☐ Change	☐ Addition
13	NAME	☐ Delete	11M	☐ Change	☐ Addition
14	STREET ADDRESS		11N		
15	CITY-STATE-ZIP		11O	☐ Change	☐ Addition
16	NAME	☐ Delete	11P	☐ Change	☐ Addition
17	STREET ADDRESS		11Q		
18	CITY-STATE-ZIP		11R	☐ Change	☐ Addition

I, **Karen Heeskowich**, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information included 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 manager or business 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 empowerment.

SIGNATURE: **Karen Heeskowich** DATE: **8/12/02**

CR25034 (9/01)

att achment.

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August 12, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

Ref.: BRACHA, INC.
Document # P01000042824

Dear Sir or Madam:

We did not receive by mail the renewal form of the corporation above referenced for the year 2002.

You will find attached a photocopy of the renewal form and check for \$150.00 to renew the current year 2002. We would like to bring our company updated as soon as possible.

Thank you in advance for your help on this matter.

Sincerely,



KAREN HERSKOWICH
President