FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 21, 2002 8:00 am Secretary of State **DOCUMENT #** B01000044128 05-21-2002 90881 041 ***150.00 1. Entity Name BRAND REALTY, INC. 663159 DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 34508 CORTEZ BLVD 34508 CORTEZ BLVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State RIDGE MANOR, FL 4. FEI Number 59-3745778 City & State RIDGE MANOR, FL Not Applicable \$8.75 Additional Couga Cff&X ^Z393523 ^Z\$3523 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Ĺ STEVEN PAUL CALIENDO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 34508 CORTEZ BLVD IN THIS SPACE 33523 RIDGE MANOR 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. \Box Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE PRESIDENT STEVEN PAUL CALIENDO STREET ADDRESS STREET ADDRESS 3215 SEA GRAPE DRIVE CITY-ST-ZIP CITY-ST-ZIP HERNANDO BEACH, FL 34607 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME

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 on an attachment with an address. With all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP TITLE NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED