

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90195 022 ***150.00

DOCUMENT # P01000094534

1. Entity Name
BRA BOX, INC.



Principal Place of Business

580-EGRET-DRIVE-#322
HALLANDALE-BEACH-FL-33009

New address

Mailing Address

580-EGRET-DRIVE-#322
HALLANDALE-BEACH-FL-33009

2. Principal Place of Business

3544 magellan cir
Suite, Apt. #, etc.
#118

3. Mailing Address

3544 Magellan cir
Suite, Apt. #, etc.
#118

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

26-0036157

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOSKOVITZ, MICHELLE
580-EGRET DRIVE-#322
HALLANDALE-BEACH-FL-33009

New address

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MOSKOVITZ, MICHELLE**
STREET ADDRESS **580-EGRET DRIVE-#322**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

3544 magellan cir #118 Aventura, FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **[Circled]**
STREET ADDRESS **[Circled]**
CITY-ST-ZIP **[Circled]**

TITLE **VD** ☐ Delete
NAME **WATSON, CYNTHIA**
STREET ADDRESS **3401 S.W. 52ND ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle Moskowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-03

CR2E034 (10/02)