

2005 UNIFORM BUSINESS REPORT (UBR)

PS 1-82

DOCUMENT# **P02000091750**

1. Entity Name

BRAVIN MARK CONSTRUCTION COMPANY, INC.

FILED
06 JAN -3 PM 12:31
TALLAHASSEE, FLORIDA

Principal Place of Business

**25 NE 2ND AVENUE SUITE B
BOCA RATON, FL 33487**

Mailing Address

**7070 NW TURTLE WALK
BOCA RATON, FL 33487**

2. Principal Place of Business

**7070 NW TURTLE WALK
Suite, Apt #, etc**

3. Mailing Address

Suite, Apt #, etc

REINSTATEMENT 04-05

City & State

BOCA RATON, FL

Zip

33487

Country

USA

City & State

Zip

Country

USA

4. FEI Number

320027805

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NILCIRCLEY B CORREA
25 NE 2ND AVENUE SUITE B
DEERFIELD BEACH, FL 33441**

7. Name and Address of Now Registered Agent

**Name
NILCIRCLEY B CORREA
Street Address (P O Box Number is Not Acceptable)
7070 NW TURTLE WALK**

**City
BOCA RATON**

**Zip Code
33487**

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

12/23/2005

Signature typed or printed

Not a signed and dated application

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to qualify to Intangible Tax filing requirement and elect to do so (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
for May 1, 2005 Fee is \$150.00
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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ACHILLES A DE LEO	
STREET ADDRESS	5582 WELLESLEY PARK DRIVE #103	
CITY - ST - ZIP	BOCA RATON, FL 33433	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	NILCIRCLEY B CORREA	
STREET ADDRESS	5582 WELLESLEY PARK DRIVE #103	
CITY - ST - ZIP	BOCA RATON, FL 33433	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	JULIANA DE LEO	
STREET ADDRESS	5582 WELLESLEY PARK DRIVE #103	
CITY - ST - ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	ACHILLES A DE LEO	
STREET ADDRESS	7070 NW TURTLE WALK	
CITY - ST - ZIP	BOCA RATON, FL 33487	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	NILCIRCLEY B CORREA	
STREET ADDRESS	7070 NW TURTLE WALK	
CITY - ST - ZIP	BOCA RATON, FL 33487	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	CARLOS ROBERTO DA SILVA	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**600063318256
01/10/06--01041--009 **200.00**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(g), 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 qualified 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:

Nilcirkley Correa

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/05 (561) 376-9573

DATE OF FILING

lg 282

Deerfield Beach, Fl December 23, 2005

**FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314**

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

Bravin Mark Construction Company, Inc.
P02000091750

I have not received the Annual Business Report 2004 and also for 2005 first notice to renew our corporation's name.

I come before this honorable Department asking to wave this penalty once we did not received the first notice and I did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which I honor and respect the laws and regulations.

Please accept the update form 2004 and 2005 Annual Business Report along with one check of \$ 300,00 to pay the both fees.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact me.

Sincerely,



**Nilcirley B. Correa
President**