2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000091750 DOCUMENT

1. Entity Name

BRAVIN MARK CONSTRUCTION COMPANY, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90130 021 ***150.00

						WE WE	İ				
	ce of Business SLEY PARK DRI N FL 33433		Mailing Address 5582 WELLESLEY PARK DRIVE 103 BOCA RATON FL 33433								
US			US								
2. Principal F	Place of Busine	∍ss	3. Mailing Address 25 NF 2 NP AU.				1 			01111 0411 1001	
Suite, Apt.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State DEERFIELD			EACH_		FEI Number 32-0027809		No	oplied For ot Applicable
Zip	8 Name	Country and Address of Current F		441	Cour	ntry		Certificate of Status Desired	☐ Fee f	Require	ditional ed
	o. Hame (Did Address of Carrent P	register	ed Agent		Name	7.	Name and Address of New Reg	istered Agent	· · · ·	
DE LEAO, ACHILLES A											
	LLESLEY PAI				Street Address (P.O. Box Number is Not Acceptable)						
103		W DIWE						· · · · · · · · · · · · · · · · · · ·			
BOCA RATON FL 33433						City	Zip Code			le	
8. The above the obligat	e named entity tions of registe	submits this statement for red agent.	the purp	pose of changing its	registere	ed office or regi	stered ag	gent, or both, in the State of Florid	a. I am familia	ar with,	and accept
SĮGNATURE .	Signature, typed o	r printed name of registered agent ar	nd title if ap	plicable. (NOT	E: Registere	d Agent signature req	uired when re	einstating)	DATE		
<u> </u>	HE NOWILL	ECE 10 6150.00							D/112		
Afte	er May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				Election Campaign Finan Trust Fund Contribution.	cing		0 May Be I to Fees	
10.		OFFICERS AND D	DIRECTO	DRS	11.			DDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 11
TITLE	PRES			☐ Delete	TITLE					hange	Addition
NAME Street address	5582 WELL	achilles a Esley park drive #	103		NAM STRE	E ET ADDRESS				·	_
CITY-ST-ZIP	BOCA RAT	ON FL 33433			CITY	-ST-ZIP					
TITLE	DIR.			☐ Delete	TITLE				□ c	hange	Addition
NAME		VILCERLEY B	400		NAME	i					
STREET ADDRESS CITY-ST-ZIP	BOCA RATO	esley park drive # On_fl 33433	103			ET ADDRESS -ST-ZIP				-	-
TITLE	VP			Delete	TITLE				□ C	hange	Addition Addition
NAME	DE LEAO, J	JULIANA FOLEV DADV DDNÆ #:	400		NAME						
STREET ADDRESS CITY-ST-ZIP	BOCA RATO	ESLEY PARK DRIVE #1 On FL 33433	103	<u>. </u>		ET ADDRESS - ST- ZIP					
TITLE				☐ Delete	TITLE		,		□ C	hange	☐ Addition
NAME Street address					NAME						
CITY-ST-ZIP						ET ADDRESS ST-ZIP					
TITLE				☐ Delete	TITLE					<u> </u>	- Addit-
NAME				L Delete	NAME				□ c	nange	Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	,				CITY-	ST- ZIP					
TITLE	-	•		☐ Delete	TITLE					hange	Addition
AME					NAME	:			_	-	_
STREET ADDRESS						ET ADDRESS					1
CITY-ST-ZIP				- :		\$T-ZIP					**
ız. Thereby c	certify that the in	ntormation supplied with the	nis filing	does not qualify for	the exer	nption stated in	Section 1	119.07(3)(i), Florida Statutes, i fur	ther certify that	it the in	formation

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 additional management of the corporation of the receiver or trustee empowered.

SIGNATURE: