

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90020 001 ***150.00

DOCUMENT # P02000128793

1. Entity Name
BRIAN BRAITHWAITE ENTERPRISES, INC.



Principal Place of Business
**1855 S. STATE ROAD 7
FORT LAUDERDALE FL 33317**

Mailing Address
**1855 S. STATE ROAD 7
FORT LAUDERDALE FL 33317**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2085348

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAITHWAITE, BRIAN
1855 S. STATE ROAD 7
FORT LAUDERDALE FL 33317**

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

08/05/03

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAITHWAITE, BRIAN	
STREET ADDRESS	3272 MUIRFIELD	
CITY-ST-ZIP	WESTON FL 33332	
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
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachments#

80197936

PO2000128793

Brian Braithwaite Enterprises, INC

1855 S. State Rd. 7

Fort Lauderdale, Fl. 33317-6423

954-797-9966

August 6, 2003

Florida Department of State

Secretary of State

Glenda Hood

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

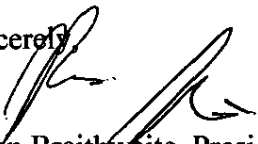
RE: Waive of Late Fee

Dear Ms. Hood,

This letter is to certify that I did not receive any prior notice for payment of UBR. Brian Braithwaite Enterprises, INC did not commence operations until May 1st 2003.

I do hope this information is useful to you. Please find a check for \$150.00 enclosed.

Sincerely,



Brian Braithwaite, President

Brian Braithwaite Enterprises, INC