## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 26, 2001 8:00 am DOCUMENT # P93000041068 **Secretary of State** 1. Entity Name BRUMBERG HOLDINGS, INC. 02-26-2001 90512 005 \*\*\*150.00 Principal Place of Business Mailing Address 599 S FEDERAL HWY 415 S FEDERAL HWY 829000 DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0422111 Not-Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADMIN CORP Street Address (P.O. Box Number is Not Acceptable) 415 S FEDERAL HIGHWAY DANIA FL 33004 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Delete TITLE Addition ☐ Change BRUMBERG, SARA NAME NAME STREET ADDRESS STREET ADDRESS 1878 SW 24TH AVENUE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33312 ☐ Addition TITLE ☐ Delete TITLE Change NAME Brumberg, Robert NAME STREET ADDRESS STREET ADDRESS -1878 SW 24TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME BRUMBERG, J B NAME STREET ADDRESS STREET ADDRESS 1878 SW 24TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of trustee empowered to execute this report as required 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: A

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

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