

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90094 008 \*\*\*150.00

**DOCUMENT #** P93000081757

**1. Entity Name**

BRACHA SERVICES CORPORATION

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

4008 GREENMARK LANE

Suite, Apt. #, etc.

**3. Mailing Address**

4008 GREENMARK LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
VALRICO, FL

City & State  
VALRICO, FL

**4. FEI Number**

59-3217217

Applied For

Not Applicable

Zip  
33594

Country  
USA

Zip  
33594

Country  
USA

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

ROLLINS, BRACHA

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

4008 GREENMARK LANE

City

VALRICO

FL

Zip Code  
33594

**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)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ROLLINS, BRACHA  
4008 GREENMARK LANE  
VALRICO, FL 33594

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRACHA ROLLINS, PRES.

(813) 689-8112

Date

Daytime Phone #

CR2E034B (12/01)