

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90153 030 ***150.00

DOCUMENT # P94000004927

1. Entity Name
BRASWELL & SALLATO, P.A.

Principal Place of Business

Mailing Address

**9990 S.W. 77TH AVENUE
 SUITE 303
 MIAMI FL 33156**

**9990 S.W. 77TH AVENUE
 SUITE 303
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

9990 SW 77 Avenue

9990 SW 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 311

Suite 311

City & State

City & State

Miami, Fl.

Miami, Fl.

Zip

Country

33156

USA

Zip

Country

33156

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALLATO, MARIA T
 9990 S.W. 77TH AVENUE
 SUITE 303
 MIAMI FL 33156**

Name

Same

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

9990 SW 77 Avenue

Suite 311

City

Miami

FL

Zip Code

33156

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BRASWELL, LINDA S**
 STREET ADDRESS **9990 SW 77TH AVENUE, STE., 303**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **SALLATO, MARIA T**
 STREET ADDRESS **9990 SW 77TH AVENUE, STE., 303**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Linda Braswell** **Linda Braswell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 (305) 598-9600

CR2E034 (10/00)