

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90133 038 ***150.00

DOCUMENT # P94000051402

1. Entity Name

MARCO BRANT ACCESSORIES, INC.

Principal Place of Business

7601 E TREASURE DR APT 907
 MIAMI BEACH FL 33141

Mailing Address

7601 E TREASURE DR APT 907
 MIAMI BEACH FL 33141

2. Principal Place of Business

1000 PARKVIEW DR

3. Mailing Address

1000 PARKVIEW DR

Suite, Apt. #, etc.

918

Suite, Apt. #, etc.

918

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

Zip

33009

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0518906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRANT, MARCO
 7601 E. TREASURE DR.
 STE 907
 MIAMI FL 33141

7. Name and Address of New Registered Agent

Name

MARCO BRANT

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

1000 PARKVIEW DR STE 918

City

HALLANDALE

FL

Zip Code

33009

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, 2002 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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BRANT, MARCO
 CITY-ST-ZIP 7601 E TREASURE DR APT 907
 MIAMI BEACH FL 33141

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1000 PARKVIEW DR STE 918
 CITY-ST-ZIP HALLANDALE FL 33009

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

MARCO BRANT

MARCO BRANT

04/29/02

305 754 5604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)