

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065033

1. Entity Name

BRANDEL COMMUNICATIONS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90094 034 \*\*\*150.00

Principal Place of Business

1525 S ANDREWS AVE  
219A  
FT LAUDERDALE FL 33316  
US

Mailing Address

1859 N. PINE ISLAND RD.  
STE. 305  
PLANTATION FL 33322-5224  
US

2. Principal Place of Business

7860 Peters Rd

3. Mailing Address

7860 Peters Rd

Suite, Apt. #, etc.

# F-108

Suite, Apt. #, etc.

# F-108

City & State

Plantation, FL

City & State

Plantation, FL

Zip

Country

33324

Zip

Country

33324

4. FEI Number

65-0553839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELEON, BENJAMIN  
BRANDEL COMMUNICATIONS, INC.  
1859 N. PINE ISLAND RD., STE. 305  
PLANTATION FL 33322

Name

Deleon, Benjamin

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

Brandel Communications, Inc.

7860 Peters Rd # F-108

City

Plantation

FL

Zip Code

33324

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.13.00

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, 2000 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 **SUSAN GIFFORD-DELEON**  
STREET ADDRESS **1859 N. PINE ISLAND RD., STE. 305**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition  
NAME **Susan Gifford-Deleon**  
STREET ADDRESS **7860 Peters Rd # F-108**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Gifford-Deleon

4.13.00

Date

954.424.0420

Daytime Phone #

CR2E034 (9/99)