

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

Page 1 of 2

DOCUMENT # *P 940000 93368*  
1. Entity Name  
*BRAM CONSTRUCTION, INC*

FILED  
02 MAR 25 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*6630 NW 22 CT.*  
Suite, Apt. #, etc.

3. Mailing Address  
*6630 NW 22 CT.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*MARGATE FL.*  
Zip  
*33063*  
Country  
*USA*

City & State  
*MARGATE FL.*  
Zip  
*33063*  
Country  
*USA*

4. FEI Number  
*65-0594262*  
Applied For  
 Not Applicable  
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  
*BRAM L FARBSTEIN*  
Street Address (P.O. Box Number is Not Acceptable)  
*6630 NW 22nd Ct.*  
City  
*MARGATE* FL Zip Code  
*33063*

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 *Bram L Farbstein* DATE *3-21-02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<i>P BRAM L. FARBSTEIN 6630 NW 22 CT MARGATE FL 33063</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>400005289674--9 -04/17/02--01053--009 ****450.00 ****450.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>00024BR TS</i>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bram L Farbstein* DATE *3-21-02* 954  
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone *629-4444*

CR2E034B (12/01)

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January 31, 2002

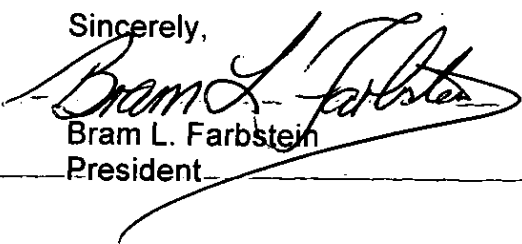
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

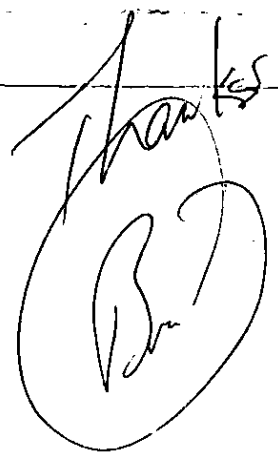
Re: Bram Construction, Inc.  
Doc # P94000093368  
6630 NW 22<sup>nd</sup> Court  
Margate, FL 33063

We have been advised that the above Corporation has been administratively dissolved. We have been told that the annual reports due were not submitted to your division. All tax returns due to the State have been timely filed and paid. Those reports were not received at the Company's address.

It is not the Company's intent to not file or pay any and all obligations due to the state, Enclosed is our check for \$150. Please reinstate the Corporation so that we can resume our operation in the State.

Sincerely,

  
Bram L. Farbstein  
President

  
Charles