

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000093368 1. Entity Name BRAM CONSTRUCTION, INC.		
Principal Place of Business 3148 STONEHURST CIRCLE KISSIMMEE, FL 34741		Mailing Address 3148 STONEHURST CIRCLE KISSIMMEE, FL 34741
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
4. FEI Number 05-0594262		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
FARBSTEIN, BRAM L 6630 NW 22ND CT MARGATE, FL 33063		Name BRAM L FARBSTEIN Street Address (P.O. Box Number is Not Acceptable) 3148 STONEHURST CIRCLE KISSIMMEE City FL Zip Code 34741
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. I am familiar with, and accept the obligations of, the registered agent.		
SIGNATURE <small>Sign and type or print name of registered agent and fill in date.</small>		DATE 4-18-03 <small>(NOTE: Registered Agents cannot register while in hiding)</small>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FARBSTEIN, BRAM L 6630 NW 22ND CT MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bram Farbstein 3148 Stonehurst Ct. Kissimmee, FL 34741-7621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption statement 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <small>PRINT NAME AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		DATE 05-4-629-4444 <small>Call Center</small>

10080998



CHECK HERE IF MAKING CHANGES

CH2003 (10/02)