

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019866

1. Entity Name

THE RICHARD BRANDON COMPANY

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90069 048 ***150.00

Principal Place of Business

Mailing Address

5703 SW 85 ST.
 MIAMI FL 33143

P.O. BOX 431984
 MIAMI FL 33243-1984

2. Principal Place of Business

3. Mailing Address

4960 SW 72 Avenue

4960 SW 72nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State
 Miami, Florida

City & State
 Miami, FL

Zip Country
 33155 USA

Zip Country
 33155 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0560612 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

MATTAWAY, L. RICHARD
~~5703 SW 85 ST.~~
 S. MIAMI FL 33146

Name

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

4960 SW 72nd Avenue
 Suite 400

City

Miami

FL

Zip Code

33183

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

4/24/00

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	<input type="checkbox"/> Delete
NAME	MATTAWAY, L. RICHARD	
STREET ADDRESS	5703 SW 85 ST.	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	LURIE, BRANDON	
STREET ADDRESS	5703 SW 85 ST.	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4960 SW 72nd Avenue, Suite 400
CITY-ST-ZIP	Miami, FL 33155
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4960 SW 72nd Avenue, Suite 400
CITY-ST-ZIP	Miami, FL 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (305) 662-1421
 Date Daytime Phone #

CR2E034 (9/99)