## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 25, 2002 8:00 am Secretary of State P95000019866 DOCUMENT # 1. Entity Name THE RICHARD BRANDON COMPANY 02-25-2002 90496 001 \*\*\*300.00 Principal Place of Business Mailing Address 4960 SW 72ND AVENUE 4960 SW 72ND AVENUE 14009 **STE 400 STE 400** MIAM! FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 4960 72 AVE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0560612 Not Applicable \$8.75 Additional 'S A 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTAWAY, L. RICHARD Street Address (P.O. Box Number is Not Acceptable) 4960 SW 72ND AVENUE STE 400 MIAMI FL 33183 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MATTAWAY, L. RICHARD NAME NAME STREET ADDRESS 4960 SW 72ND AVE STE 400 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change LURIE, BRANDON NAME NAME STREET ADDRESS 4960 SW 72ND AVE STE 400 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 DIRECTO

CR2E034 (9/01)