

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90132 048 ***150.00

DOCUMENT # P95000019866

1. Entity Name
THE RICHARD BRANDON COMPANY



Principal Place of Business
1501 SUNSET DRIVE, 2ND FLOOR
CORAL GABLES FL 33143

Mailing Address
1501 SUNSET DRIVE, 2ND FLOOR
CORAL GABLES FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0560612**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTAWAY, L. RICHARD
4960 SW 72ND AVENUE
STE 400
MIAMI FL 33183

Name

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

1501 SUNSET DRIVE

2ND FLOOR

City

CORAL GABLES

FL

Zip Code

33143

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **L. RICHARD MATTAWAY**

1/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MATTAWAY, L. RICHARD**
STREET ADDRESS **4960 SW 72ND AVE STE 400**
CITY-ST-ZIP **MIAMI FL 33155**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE **D** ☐ Delete
NAME **LURIE, BRANDON**
STREET ADDRESS **4960 SW 72ND AVE STE 400**
CITY-ST-ZIP **MIAMI FL 33155**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **BRANDON LURIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/03 305/6621424

CR2E034 (10/02)