

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048393

1. Entity Name

BRAE GROUP, INC.

Principal Place of Business

4801 LINTON BLVD., UNIT 11A, STE. 144
DELRAY BEACH FL 33445

Mailing Address

4801 LINTON BLVD., UNIT 11A, STE. 144
DELRAY BEACH FL 33445

2. Principal Place of Business

PO Box 7453

3. Mailing Address

PO Box 7453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33482-7453

Country

USA

Zip

33482-7453

Country

USA

6. Name and Address of Current Registered Agent

ANDREW WEITZBERG
569 PIEDMONT L
DELRAY BEACH FL 33134

4. FEI Number

65-0588929

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Andrew Weitzberg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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, 2001 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

TITLE PSTD ☐ Delete
NAME WEITZBERG, BARBARA L
STREET ADDRESS 4801 LINTON BLVD., UNIT 11A, STE. 144
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE S ☐ Delete
NAME WEITZBERG, ANDREW
STREET ADDRESS 569 PIEDMONT L
CITY-ST-ZIP DELRAY BEACH FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

Andrew Weitzberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 800 654-2041



DO NOT WRITE IN THIS SPACE

0014049

CR2E034 (10/00)