

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90064 038 ***150.00

0215291

DOCUMENT # P95000061824

1. Entity Name
BRAUNIGER USA, INC.

Principal Place of Business

1355 NW 93 CT
 UNIT A-105
 MIAMI FL 33172
 US

Mailing Address

1355 NW 93 CT
 UNIT A-105
 MIAMI FL 33172
 US

00004103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15020 SW 145 ST
 Suite, Apt. #, etc.

3. Mailing Address

15020 SW 145 ST
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33196

Country

USA

Zip

33196

Country

USA

4. FEI Number

65-0617179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASAUDOUNECQ, JOSE
 1355 NW 93 CT
 UNIT A-105
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name CASAUDOUNECQ, JAVIER

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

15020 SW 145 ST

City

MIAMI

FL

Zip Code

33196

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

(NOTE: Registered Agent Signature required when reinstating)

4/17/01

DATE

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 ☐ Delete
 NAME **D CASAUDOUNECQ, JAVIER**
 STREET ADDRESS **1355 NW 93 CT, UNIT A-105**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME **D CASAUDOUNECQ, JOSE**
 STREET ADDRESS **1355 NW 93 CT, UNIT A-105**
 CITY-ST-ZIP **MIAMI FL**

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
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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 officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(305) 256 5650

Daytime Phone #

CR2E034 (10/00)