

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90112 003 \*\*\*150.00

DOCUMENT # **P960000340-92-(2)**

1. Entity Name

**BRAMPTON, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3900 GALT OCEAN DR**

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

4. FEI Number

**65-0743950**

Applied For

Not Applicable

Zip

**33308**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**CUNNINGHAM, GEORGE**

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

**7480 NW 9TH STREET**

City

**PLANTATION**

**FL**

Zip Code

**33317**

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE : **DP**  
NAME : **SENA, GERARDO**  
STREET ADDRESS : **3900 GALT OCEAN DR., APT. 309**  
CITY-ST-ZIP : **FT. LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE : **ST**  
NAME : **SENA, FRANCESCA**  
STREET ADDRESS : **3900 GALT OCEAN DR., APT 309**  
CITY-ST-ZIP : **FT. LAUDERDALE, FL 33308**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Gerardo SENA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GERARDO SENA**

**03/19/03 (954) 584-9786**

Date

Daytime Phone #

CR2E034B (12/02)