2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000065602** Feb 13, 2000 8:00 am Secretary of State BRANDSMART REALTY CORP. 02-13-2000 90004 016 ***150.00 Principal Place of Business Mailing Address 3200 S.W. 42ND STREET 3200 S.W. 42ND STREET HOLLYWOOD FL 33312-6813 HOLLYWOOD FL 33312 VAATITAA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FÉI Number 65-0882602 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, PAUL Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD FORT LAUDERDALE FL 33301 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST TITLE Change ☐ Addition Delete TITLE PERLMAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 3200 S.W. 42ND STREET CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33312 ☐ Addition Delete TITLE Change PERLMAN, SHARON NAME NAME STREET ANDRESS STREET ADDRESS 3200 S.W. 42ND STREET CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33312** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling coer 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 frue 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 master than the information because the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee master than the information supplied with this filling coer 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 frue 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 master than the information indicated on this report or supplemental report is frue 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 master than the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes in the information indicated on this report as required by Chapter 607, Florida Statutes.

MICHAEL

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: