

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070421

1. Entity Name
BRAMAN MOTORS, INC.



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90346 048 ***158.75

0236129 AV

Principal Place of Business
2020 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address
2060 BISCAYNE BLVD
2ND FL
MIAMI FL 33137-024
US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0700829
Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
KRIEGER, STANLEY J
2060 BISCAYNE BLVD
2ND FL
MIAMI FL 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAMAN, NORMAN 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEIBOWITZ, EDWARD R 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRIEGER, STANLEY J 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSTEIN, ROBERT 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRANDES, MARC E 2060 BISCAYNE BLVD. 2ND FLR MIAMI FL 33137-5024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (305) 576-1889

Date Daytime Phone #

CR2E034 (10/02)