

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90043 028 ***150.00

DOCUMENT # P96000101158

1. Entity Name
BRAVO AND ASSOCIATES, INC.

Principal Place of Business 9735 NW 52ND ST APT 116 MIAMI FL 33178 US	Mailing Address 9735 NW 52ND ST APT 116 MIAMI FL 33178-2019 US
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0722748	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent
**BRAVO, CARLOS J
 4181 NW 9 CT.
 COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent
 Name **Carlos J. Bravo**
 Street Address (P.O. Box Number is Not Acceptable)
9735 N.W. 52nd St. Apt # 116
 City **Miami** **FL** Zip Code **33178**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 DCEO	<input type="checkbox"/> Delete
NAME BRAVO, CARLOS J	
STREET ADDRESS 9735 NW 52ND ST; APT 116	
CITY-ST-ZIP MIAMI FL 33178	
TITLE DTS	<input type="checkbox"/> Delete
NAME BRAVO, MARIA E	
STREET ADDRESS 9735 NW 52ND ST, APT 116	
CITY-ST-ZIP MIAMI FL 33178	
TITLE D2P	<input type="checkbox"/> Delete
NAME BRAVO, EDUARDO J	
STREET ADDRESS 9135 SW 9TH LANE	
CITY-ST-ZIP GAINESVILLE FL 32607	
TITLE D2TS	<input type="checkbox"/> Delete
NAME BRAVO, ROBERTO	
STREET ADDRESS 1541 SUMMER SANDS DR.	
CITY-ST-ZIP NEPTUNE BEACH FL 32266	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carlos J. Bravo **Carlos J. Bravo** **4-15-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)