

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

Amendment FILED

DOCUMENT # *P96000-101-158*

02 SEP -9 AM 9:21

1. Entity Name
BRAVO and Assoc. Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700007729167--5
-09/13/02--01034--005
*****8.75 *****8.75

2. Principal Place of Business
9735 NW 52 ST

3. Mailing Address
9735 NW 52 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

116

City & State
Miami - FL

City & State
MIAMI - FL

4. FEI Number
65-0722748

Applied For
Not Applicable

Zip Country
33178 Miami Dade

Zip Country
33178 Miami Dade

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *CARLOS J. BRAVO*

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

9735 NW 52 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 *Maria E. Bravo*

9-4-02

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

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P MARIA E. BRAVO 9735 NW 52 ST #116 Miami - FL 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP MARIA E. BRAVO 9735 NW 52 ST #116 Miami - FL 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T MARIA E. BRAVO 9735 NW 52 ST #116 Miami - FL 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S MARIA E. BRAVO 9735 NW 52 ST #116 Miami - FL - 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D MARIA E. BRAVO 9735 NW 52 ST #116 Miami - FL - 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>C/M MARIA E. BRAVO 9735 NW 52 ST #116 Miami - FL - 33178</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700007729167--5 -09/13/02--01034--006 *****61.25 *****61.25
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria E. Bravo* MARIA E. BRAVO 9-4-02 305 592-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)