

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90006 008 ***150.00

0546072

DOCUMENT # P97000003250

1. Entity Name

J. BRACHO & ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 17129
SARASOTA FL 34230

Mailing Address

P.O. BOX 17129
SARASOTA FL 34230

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **54-1345253**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRACHO, JAVIER R

~~8948 MISTY CREEK DR~~

~~SARASOTA FL 34241~~

7. Name and Address of New Registered Agent

Name **BRACHO, JAVIER R**

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

414 LONDONERRY DR.

City **Sarasota**

FL

Zip Code **34240**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-01

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, 2001 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 **D** ☐ Delete
NAME **BRACHO, JAVIER R**
STREET ADDRESS ~~8948 MISTY CREEK DR~~
CITY-ST-ZIP ~~SARASOTA FL 34241~~

TITLE **D** ☐ Delete
NAME **BRACHO, MILDRED A**
STREET ADDRESS ~~8948 MISTY CREEK DR~~
CITY-ST-ZIP ~~SARASOTA FL 34241~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **414 LONDONERRY DR**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **414 LONDONERRY DR.**
CITY-ST-ZIP **SARASOTA FL 34240**

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

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

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

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-6-01 (941) 320-2763

CR2E034 (10/00)