2000	UNIFORM BUSI	NESS REPOF	RT (UBF	R)			FILE	D	
DOCUMENT # P97000011476 1. Entity Name					May 19, 2000 8:00 am Secretary of State				
BRACHO), INC.						000 90057 (
Principal Plac	e of Business	Mailing Address							
17341 SW 18TH MIRAMAR FL 3		17341 SW 18TH STREET MIRAMAR FL 33029-5530							
2. Principal P	<u> </u>	3. Mailing Address Suite, Apt. #, etc.	 20673)		DO NOT	WRITE IN THIS	SPACE	
City & Stat	Lauderdale, FL	South Florid	 b F1		4. FEI Nur	nber 65-0726	 6068		plied For t Applicable
Zip 3333	Country	Zip 33082	Country		5. Certifica	ate of Status Desire	ed 🗆	\$8.75 Add	itional
<u> </u>	6. Name and Address of Current R				7. Name a	nd Address of Ne	w Registered		
BRACHO, SHERENE L 17341 SW 18TH STREET MIRAMAR FL 33029			Street A	DHECE ddress (P.		nber is Not Accept	PACHO abie) Manor FL	Zip Code	3
8. The above named entity authorits this statement for the purpose of changing its regist SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Regist Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to			FEE IS \$150.0 Fee will be \$5	ure required w	hen reinstating)	to	DATE n Financing		May Be to Fees
11.	OFFICERS AND D		12.		1	NS/CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bracho, Jesus A 17341 SW 18TH Street Miramar FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		derdal		™ Change - -333	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACHINE SOCIO	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
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TITLE		☐ Delete	TITLE					Change	☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Jesus A. Bracho

4-24-00

4346124

Daytime Phone #