

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90089 015 ***150.00

DOCUMENT # P97000046931

1. Entity Name

BRAN TRANSPORTATION SERVICES, INC.

Principal Place of Business

**919 COCONUT DR
FT. LAUDERDALE FL 33315
US**

Mailing Address

**36A GIBBS ST
#12
WORCESTER MA 01607
US**

2. Principal Place of Business

1834 N.W. DELKI ST.

3. Mailing Address

1834 N.W. DELKI ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

PALM BAY, FL

Zip

Country

32907 U.S.

Zip

Country

32907 U.S.

4. FEI Number **59-3447670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRZOSKA, ANDRZEJ
919 COCONUT DR
FT. LAUDERDALE FL 33315**

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.

SIGNATURE

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRZOSKA, ANDRZEJ**
STREET ADDRESS **919 COCONUT DR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE **P** ☐ Change ☐ Addition
NAME **BRZOSKA ANDRZEJ**
STREET ADDRESS **1834 N.W. DELKI ST.**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: Andrzej Brzoska ANDRZEJ BRZOSKA 04.28.01 321-728-8991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)