DOCUMENT # P9/00055428 1. Entity Name WATERMAN - BRIGHTON, INC.							Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90074 019 ***150.00			
,	ce of Business N BLVD UNIT 60' FL 33431		Mailing Address C/O RICHARD DAAR 420 LINCOLN RD SUITE 512 MIAMI BEACH FL 33139 US) 33E	3
2. Principal P	Place of Business	;	3. Mailing Address CORICHARD DAAR						8161 81791 81111 8781 3	// 68 / (8// 8 8 /
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc. QOO NEST AVENUC, STE C-1			-1	DO NOT WRITE IN THIS SPACE			
City & Stat	e		MIDHIREACH FL				4. FI	El Number 65-0808438		Applied For Not Applicable
Zíp		Country	Zip Count 33 39 V.=		try S,A.	A. 5. (ertificate of Status Desired	\$8.75 A	
	6. Name and	d Address of Current Re	gistered Agent			1	7. N	ame and Address of New Regist	ered Agent	
2	والمحارب الوسيديون	Angel (mineral control of	remarks to a		Name	אמל	12	, RICHARD A.		
420	R, RICHARD A LINCOLN RD., AI BEACH FL 3	SUITE 512			Address (P.O. Box Number is Not Acceptable) = SuiF C-1					
					City H	IAN	,	BEDCH	FL Zip Co	2de 39
Tax filing i	Signature, typed or proporation is eligible requirement and ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			00 550.00		nstating) 10. Election Campaign Financir Trust Fund Contribution.	· — ••	.00 May Be ed to Fees	
11.		OFFICERS AND DIF	RECTORS	12.			ADE	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST WATERMAN, 420 LINCOLN MIAMI BEACI	N RD., SUITE 512	☐ Delete			PDS WAT CLOO TIA	丁につり	RMAN, HAROLD ICHARDA DA VESTAVENUE REDCH, FL331	L. Change P.P. SER 39	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERMAN, 420 LINCOLN MIAMI BEACI	N RD., SUITE 512	☐ Delete			E AT	-	TEMAN BERY ICHARA A VESTAJENO BEACH, FL	/ C Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Lucia Amile	☐ Delete	STRE	ET ADDRESS - ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADORESS ST-ZIP				☐ Change	☐ Addition
13. I hereby o	certify that the inf	ormation supplied with this	s filing does not qualify for	the exer	nption stat	ted in Secti	on 1	19.07(3)(i), Florida Statutes. I furth	er 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)