

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084929

1. Entity Name
ONE BRAVE ENTERPRISE, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90767 002 ***150.00

0081351 AV

Principal Place of Business 6779 BITTERBUSH PLACE BOYNTON BEACH FL 33437 SEE BELOW	Mailing Address 8779 BITTERBUSH PLACE BOYNTON BEACH FL 33437 SEE BELOW
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2201 SOUTH OCEAN DR Suite, Apt. #, etc. 1403	3. Mailing Address 2201 SOUTH OCEAN DR Suite, Apt. #, etc. 1403
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City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33019	Country USA

4. FEI Number 65-0782981	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEHRER, HARRY M 6779 BITTERBUSH PLACE 2201 SOUTH OCEAN DR BOYNTON BEACH FL 33437 #1403 HOLLYWOOD, FL 33019
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7. Name and Address of New Registered Agent 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 **HARRY M. LEHRER PRESIDENT** **03/05/02**
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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LEHRER, HARRY M 6779 BITTERBUSH PLACE 2201 SOUTH OCEAN DR #1403 BOYNTON BEACH FL 33437 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DIRECTOR LISA A. VECCHI 2201 SOUTH OCEAN DRIVE, #1403 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 SOUTH OCEAN DRIVE SUITE #1403 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR LISA A. VECCHI 2201 SOUTH OCEAN DRIVE SUITE #1403, HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/02

Date

Daytime Phone #

CR2E034 (9/01)