

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90997 012 ***150.00

DOCUMENT # P97000088596

1. Entity Name

BRENNER EQUITY ADVISORS, INC.

Principal Place of Business

3195 N. POWERLINE RD., STE. 104
POMPANO BEACH FL 33069

Mailing Address

3195 N. POWERLINE RD., STE. 104
POMPANO BEACH FL 33069

2. Principal Place of Business

1000 E. HILLSBORO BLVD.

Suite, Apt. #, etc.

100

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

3. Mailing Address

1000 E. HILLSBORO BLVD.

Suite, Apt. #, etc.

1000 E. HILLSBORO BLVD. #100

City & State

DEERFIELD BEACH, FL

Zip

33441

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0788200

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

BRENNER, SCOTT**3195 N. POWERLINE RD., STE. 104****POMPANO BEACH FL 33069****1000 E. HILLSBORO BLVD. #100****DEERFIELD BEACH, FL 33441**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME **D BRENNER, SCOTT**
STREET ADDRESS **3195 N. POWERLINE RD., STE. 104**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE ☐ DeleteNAME **D KOPELMAN, MARC**
STREET ADDRESS **3195 N. POWERLINE RD., STE. 104**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE ☐ DeleteNAME **D HOROWITZ, BRIAN**
STREET ADDRESS **3195 N. POWERLINE RD., STE. 104**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE ☐ DeleteNAME **D HOROWITZ, HY**
STREET ADDRESS **3195 N. POWERLINE RD., STE. 104**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **1000 E. HILLSBORO BLVD. #100**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **1000 E. HILLSBORO BLVD. #100**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **1000 E. HILLSBORO BLVD. #100**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **1000 E. HILLSBORO BLVD. #100**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)