

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90827 022 \*\*\*150.00

DOCUMENT # P97000094105

1. Entity Name  
CRAIG A. BRAND, P.A.



Principal Place of Business  
2 NE 40TH ST  
SUITE 403  
MIAMI FL 33173

Mailing Address  
2 NE 40TH ST  
SUITE 403  
MIAMI FL 33173

2. Principal Place of Business  
5201 Blue Lagoon Drive

3. Mailing Address  
5201 Blue Lagoon Drive

Suite, Apt. #, etc.  
Suite 720

Suite, Apt. #, etc.  
Suite 720

City & State  
Miami FL

City & State  
Miami FL

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0792555

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

BRAND, CRAIG ESQ  
2 NE 40TH ST  
SUITE 403  
MIAMI FL 33173

Name  
Craig A. Brand, Esq.  
Street Address (P.O. Box Number is Not Acceptable)

5201 Blue Lagoon Drive, Suite 720  
City Miami, FL Zip Code 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAND, CRAIG A 2 NE 40TH ST SUITE 403 MIAMI FL 33173 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

2/1/03 305-263-8221

CR2E034 (10/02)