2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P98000002251** Mar 22, 2001 8:00 am 1. Entity Name **Secretary of State** BRANKEE INVESTMENT CORP. 03-22-2001 90030 005 ***150.00 Principal Place of Business Mailing Address 8676 GRIFFIN ROAD 8676 GRIFFIN ROAD COOPER CITY FL 33328 COOPER CITY FL 33328 2. Principal Place of Business 3. Mailing Address 2751 w. atlantic 2751W. atlantic Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0873782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James W. Waldman WALDMAN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 8676 GRIFFIN ROAD COOPER CITY FL 33328 2751 W. atlantic Blvd., Suite rpese of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits th SIGNATURE FILE NOW!!! FEE IS \$150.00 n is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President + Secretary James w. waldman TITLE Delete ☐ Change TITI F HERTZ, BRADLEY L NAME NAME 2751 W. atlantic Blud. Soite H STREET ADDRESS 8676 GRIFFIN ROAD STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 CITY-ST-ZIP Rempano Beach, FL 33069 Vice President + Treasurer Harry Ruecker ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 9 Quarry Drive CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an efficer 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