

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90827 023 \*\*\*150.00

DOCUMENT # P98000029895

1. Entity Name  
THE LAW OFFICES OF BRAND & FERNANDEZ, P.A.



Principal Place of Business  
2 NE 40TH ST 5201 Blue Lagoon Drive  
400 Suite 720  
MIAMI FL 33126

Mailing Address  
5201 Blue Lagoon Drive  
NE 40TH ST  
Suite 720  
MIAMI FL 33126



2. Principal Place of Business  
5201 Blue Lagoon Dr.  
Suite, Apt. #, etc.  
Suite 720  
City & State  
Miami, FL  
Zip  
33126  
Country  
USA

3. Mailing Address  
5201 Blue Lagoon Drive  
Suite, Apt. #, etc.  
720  
City & State  
Miami, FL  
Zip  
33126  
Country  
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2386258  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BRAND, CRAIG A P.A.  
2 NE 40TH ST Blue Lagoon Drive  
400 Suite 720  
MIAMI FL 33126

## 7. Name and Address of New Registered Agent

Name  
CRAIG A. Brand, P.A.  
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]* Director  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/1/03  
DATE

**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 ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRAND, CRAIG A ESQ.	5201 Blue Lagoon Drive 400 SW 132ND LANE Suite 720 MIAMI FL 33156	MIAMI FL 33156	<input type="checkbox"/>
D	FERNANDEZ, JOSEPH H ESQ.	8353 SW 5TH STREET MIAMI FL 33144	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

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]* Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03 305 263-8221  
Date Daytime Phone #

CR2E034 (10/02)