

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055795

1. Entity Name

RICHARD BRANDON MANAGEMENT, CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91428 001 ***300.00

Principal Place of Business

Mailing Address

BOX 431984
FL 33243-1984

PO BOX 431984
MIAMI FL 33243-1984

2. Principal Place of Business

3. Mailing Address

4960 SW 72nd Avenue

4960 SW 72nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33155 USA

Zip Country
33155 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901809

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

MATTAWAY, L. RICHARD
5703 SW 85TH ST
SOUTH MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

4960 SW 72nd Avenue

Suite 400

City Miami FL Zip Code 33155

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, type, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MATTAWAY, L. RICHARD	PO BOX 431984 N/A	MIAMI FL 33243-1984	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

DATE

Daytime Phone #

4/24/00 (305) 662-1421

CR2E034 (9/99)