

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90167 026 ***150.00

DOCUMENT # P98000055795

1. Entity Name
RICHARD BRANDON MANAGEMENT, CORP.



Principal Place of Business

4960 SW 72ND AVE
SUITE 400
MIAMI FL 33155
US

Mailing Address

4960 SW 72ND AVE
SUITE 400
MIAMI FL 33155
US

2. Principal Place of Business

1501 SUNSET DRIVE

Suite, Apt. #, etc.

2ND FLOOR

City & State

CORAL GABLES, FL

Zip

33143

Country

USA

3. Mailing Address

1501 SUNSET DRIVE

Suite, Apt. #, etc.

2ND FLOOR

City & State

CORAL GABLES, FL

Zip

33143

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

MATTAWAY, L. RICHARD

4960 SW 72ND AVE

SUITE 400

MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

1501 SUNSET DRIVE

2ND FLOOR

City

CORAL GABLES

FL

Zip Code

33143

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

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

TITLE **D** ☐ Delete
NAME **MATTAWAY, L. RICHARD**
STREET ADDRESS **PO BOX 431984 N/A**
CITY-ST-ZIP **MIAMI FL 33243-1984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)