2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065312

1. Entity Name

BRAVE INVESTMENTS, INC.

FILED Jan 26, 2000 8:00 am Secretary of State

t 					01-2	6-2000 9004	8 004 ***	*150.00	
Principal Place of Business Mailing Address									
C/O LAW OFFICE OF JOSEPH F. LOPEZ 250 BIRD RD. STE 302 CORAL GABLES FL 33146		C/O LAW OFFICE OF JOSEPH F. LOPEZ 250 BIRD RD. STE 302 CORAL GABLES FL 33146-1424		ļ		- A-1-2 - M (1) - B-4 (1) - B-1 (1)		ยยย	7
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE	
City & State		City & State		4. F	El Number	65-085207	3	1 1	oplied For
Zip	Country	Zip	Country	5. (Certificate of	Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. 1	lame and Ac	dress of New R	egistered .	Agent	
1			Name						
LOPEZ, JOSEPH F 250 BIRD RD, STE 302			Street A	Address (P.O. B	ox Number is	Not Acceptable	•)		
COR	AL GABLES FL 33146		ł						
			City				FL	Zip Code	e
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office o	r registered ag	ent, or both, i	n the State of Flo	orida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signa	ture required when re	instating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After MAY 1, 200 Make Check Payable				550.00	1	on Campaign Fin Fund Contribution			O May Be to Fees
11.	OFFICERS AND	Ĺ	12.		DITIONEZCH	IANGES TO OFF	ICEDS AND	DIRECTOR	 C INI 11
-	PSTD OFFICERS AND		TITLE	P D	DITIONS/CH	IANGES TO OFF	CENS AND	Change	<u> </u>
TITLE NAME	WIENER; STEVE	EX Delete	NAME	LOPEZ,	AMPARA				<u>.</u>
STREET ADDRESS	C/O J.F. LOPEZ, 250 BIRD RD.,	#302	STREET ADDRESS			h. St. #0	-214		
CITY-ST-ZIP	CORAL GABLES FL 33146	#OUL	CITY-ST-ZIP	MIAMI,			, 214		
TITLE	AST	☐ Delete	TITLE	STD	<u> </u>	-		XX Change	<u></u>
NAME	LOPEZ, JOSEPH F ESQ	□ Denote	NAME	LOPEZ.	JOSEPH	F.		Z II vgv	
STREET ADDRESS	250 BIRD RD., STE 302		STREET ADDRESS	1 '		Suite 30)2		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP			FL _33146			
TITLE	and the Section of t	□ Delete	TITLE	V P D	يد. دند،	·		Change -	X 7 •
NAME			NAME	FIGUERE	DO, LUI	GI A.			
STREET ADDRESS			STREET ADDRESS	1861 N.					
CITY-ST-ZIP			C(TY-ST-ZIP	MIAMI,	<u>FL 331</u>	<u> 25 </u>			
TITLE		☐ Delete	TITLE					☐ Change	Additic Additic
NAME CIPET ADDRESS	•		NAME CTREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
		Dou.						☐ Change	Additic
TITLE NAME		☐ Delete	TITLE NAME	'	•			Criange	☐ A00IIIC
STREET ADDRESS			STREET ADDRESS	Į					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<u> </u>	**			Change	☐ Additio
NAME			NAME						
STREET ADDRESS		•	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			;			
13. I hereby o	ertify that the information supplied with	this filing does not qualify for t	he exemption sta	ted in Section	119.07(3)(i), F	lorida Statutes. I	further cer	tify that the ir	nformation

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:

JOSEPH F. LOPEZ

NATED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 5, 2000

(305) 444-4375

Daytime Phone #