NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90147 034 ***150.00

DOCUMENT # P98000069461

1. Entity Name

Brencom, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3440 E. Atlantic BLVD	3440 E. Atlantic BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach	City & State: Pompano Beach
Zip: 33062 Country: Broward	Zip: 33062 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0872621 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brennen, Michael J.

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

1440 S.E. 15th Street Apt # 25

City: Ft. Lauderdale FL Zip Code: 33316

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Comer, Aileen
STREET ADDRESS	1440 S.E. 15th Street Apt. 25
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316
TITLE	D
NAME	Brennen, Michael J
STREET ADDRESS	1440 S.E. 15th Street APT. 25
CITY-ST-ZIP	Ft. Lauderdale, FL. 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 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 #