

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90224 040 \*\*\*150.00

**DOCUMENT # P98000081790**

**1. Entity Name**  
**RICHARD BRANDON MANAGEMENT CORP. II**

**Principal Place of Business** **Mailing Address**  
~~4900 SW 72ND AVE~~ **1501 Sunset Drive** ~~4900 SW 72ND AVE~~ **1501 Sunset Drive**  
~~SUITE 400~~ **Second Floor** ~~SUITE 400~~ **Miami, FL**  
~~MIAMI FL 33135~~ **MIAMI FL 33143** ~~MIAMI FL 33135~~ **MIAMI FL 33143**  
~~US~~ **US**

**2. Principal Place of Business** **3. Mailing Address**  
**1501 Sunset Drive** **1501 Sunset Drive**  
**Second Floor** **Second Floor**  
**Miami FL** **Miami FL**  
**33143** **33143** **USA** **USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0901812** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**MATTAWAY, L R**  
**4900 SW 72ND AVE**  
**SUITE 400**  
**MIAMI FL 33135**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1501 Sunset Drive**  
**Second Floor**  
**City** **Miami** **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.**

**SIGNATURE** \_\_\_\_\_ **(NOTE: Registered Agent signature required when reinstating)** **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTAWAY, L R</b>		NAME		
STREET ADDRESS	<b>P O BOX 431984 N/A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33243-1984</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**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:** Brandon Lurie, V.P. **305-662-1421**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)