

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90069 045 ***150.00

DOCUMENT # P98000095281 ✓
Entity Name
 BRAKHA, INC.

Principal Place of Business **Mailing Address**
 19390 COLLINS AVENUE, SUITE 1604 SAME
 NORTH MIAMI BEACH, FL 33160

Principal Place of Business		3. Mailing Address	
19390 COLLINS AVENUE		19390 COLLINS AVENUE	
Suite, Apt. #, etc. #1604		Suite, Apt. #, etc. Suite 1604	
City & State Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33160	Country USA	Zip 33160	Country USA

4. FEI Number 65-0891728 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RONI MAZOUZ
 19390 COLLINS AVENUE, SUITE 1604
 NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent
 Name
~~RONI MAZOUZ~~
 Street Address (P.O. Box Number is Not Acceptable)
~~19390 COLLINS AVENUE, #1604~~
 City
~~NORTH MIAMI BEACH~~ **FL** Zip Code
~~33160~~

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**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PRESIDENT RONI MAZOUZ 19390 COLLINS AVENUE, #1604 NORTH MIAMI BEACH, FL 33160 ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RONI MAZOUZ** **05-04-2000 (205) 688947**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)