2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101203**

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

☐ Delete

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1. Entity Name

WRITE BRAIN, INC.

AMERILAWYER

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

TITLE

NAME

TITI F NAME

TITLE

NAME

CITY-ST-ZIP

343 ALMERIA AVENUE CORAL GABLES FL 33134

9. This corporation is eligible to satisfy its Intangible

COOPER, STEVEN B

MIAMI FL 33193

8331 SOUTHWEST 157TH AVENUE

Tax filing requirement and elects to do so.

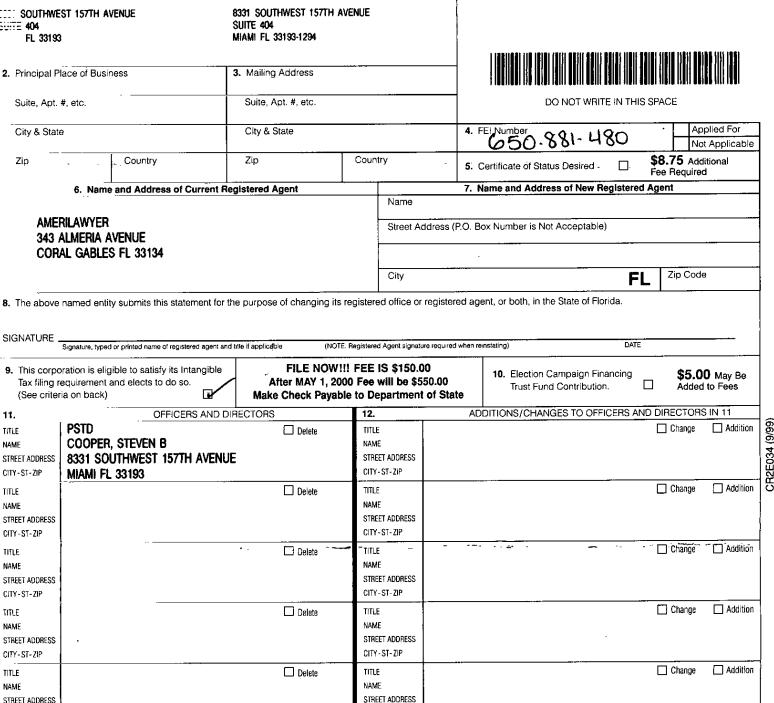
(See criteria on back)

PSTD

Principal Place of Business Mailing Address 8331 SOUTHWEST 157TH AVENUE SOUTHWEST 157TH AVENUE SUITE 404 300TE 404 MIAMI FL 33193-1294 FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90045 027 ***150.00



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 received or trustee empowered to accurate any supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if te empowered. changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIG NG OFFICER OR DIRECTOR

☐ Change

Addition