

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101745

1. Entity Name
BRAVO RECORDS & PRODUCTIONS, INC.

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90020 049 ***150.00

Principal Place of Business

2119 CARIBBEAN DR., S.
KISSIMMEE FL 34741

Mailing Address

2119 CARIBBEAN DR., S.
KISSIMMEE FL 34741

2. Principal Place of Business

3102 HOLLAND DRIVE
Suite, Apt., #, etc.
ORLANDO, FLORIDA

3. Mailing Address

3102 HOLLAND DRIVE
Suite, Apt., #, etc.
ORLANDO, FLORIDA

City & State

Zip 32825 Country U.S.A

City & State

Zip 32825 Country U.S.A

4. FEI Number

59-3545900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAVO, ADALBERTO JR.
2119 CARIBBEAN DR., S.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. 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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTSD
NAME BRAVO, ADALBERTO JR. ☒ Delete
STREET ADDRESS 2119 CARIBBEAN DR., S.
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE VD
NAME BRAVO, ADALBERTO SR. ☐ Delete
STREET ADDRESS 2119 CARIBBEAN DR., S.
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD ☒ Change ☐ Addition
NAME BRAVO, ADALBERTO JR.
STREET ADDRESS 3102 HOLLAND DRIVE
CITY-ST-ZIP ORLANDO, FLORIDA 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/02 (402) 281-3758

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CR2E034 (9/01)