## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000003035** May 11, 2000 8:00 am Secretary of State BRAUSER ENTERPRISES III, INC. 05-11-2000 90004 032 \*\*\*150.00 Mailing Address Principal Place of Business 2101 N. ANDREWS AVE. #206 2101 N. ANDREWS AVE. #206 WILTON MANORS FL 33311-3934 WILTON MANORS FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINBERG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. SUITE 350-N HOLLYWOOD FL 33021 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President Addition Vice ☐ Delete TITLE KevAP E. FleHIM9 BRAUSER, MICHAEL NAME NAME 2101- H- Andrews Ave. \* 206. Wilton Mamors, Fl. 33311 STREET ADDRESS STREET ADDRESS 2101 N. ANDREWS AVE. #206 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Addition TITLE ☐ Delete TITLE Change BRAUSER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2101 N. ANDREWS AVE. #206 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Addition Delete TITI F \_\_\_ Change TITLE BRAUSER, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 2101 N. ANDREWS AVE. #206 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Addition ☐ Delete TITLE Change TITLE 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 tostee 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: :