

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90782 008 ***150.00

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DOCUMENT # P99000007433

1. Entity Name
BRAND DYNAMICS, INC.



Principal Place of Business
**5369 NORTH HIATUS ROAD
FORT LAUDERDALE FL 33351**

Mailing Address
**5369 NORTH HIATUS ROAD
FORT LAUDERDALE FL 33351**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0894753**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTORELLI, ROBERT
2541 ARAGONY BLVD #112
WILTON MANORS FL 33334**

Name **K & K ACCOUNTING + TAX SERVICE**
Street Address (P.O. Box Number is Not Acceptable)
2825 N. UNIVERSITY DR., STE # 410
City **COVINGTON** **LA** Zip Code **70032**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DEN KENT, PRESIDENT/CPA**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MOCKVEN, KEISHA A**
STREET ADDRESS **8601 NW 54 COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33351**

TITLE **D** ☒ Change ☐ Addition
NAME **MOCKYEN, KEISHA**
STREET ADDRESS **5808 NW 57 AVE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **D** ☐ Delete
NAME **SHUSTER, LESLIE F**
STREET ADDRESS **4174 INVERRARY DRIVE #904**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE **D** ☒ Change ☐ Addition
NAME **SHUSTER, LESLEY**
STREET ADDRESS **4717 NW 67th AVE**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2003 (954) 747-5240
Date Daytime Phone #

CR2E034 (10/02)