

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015851

1. Entity Name

BARRETT BRANDON & CO., INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90071 014 ***550.00

Principal Place of Business

19655 EAST COUNTRY CLUB DRIVE
 UNIT 505
 AVENTURA FL 33180

Mailing Address

19655 EAST COUNTRY CLUB DRIVE
 UNIT 505
 AVENTURA FL 33328-7102

2. Principal Place of Business

3552 W. TREE TOPS CT
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 291274
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE

City & State

DAVIE FL

4. FEI Number

65-0938257

Applied For

Not Applicable

Zip

FL

Country

33328

Zip

33329

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

MITCHELL NEWMAN

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

3552 W. TREE TOPS CT

City

DAVIE

FL

Zip Code

33328

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]

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

(NOTE: Registered Agent signature required when reinstating)

5/4/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEWMAN, MITCHELL 19655 EAST COUNTRY CLUB DRIVE AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

5/4/00

Date

Daytime Phone #

CR2E034 (9/99)