

# 2006 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90253 048 \*\*\*150.00

**DOCUMENT #** *P990000 / 9123*

**1. Entity Name** *The BRANDART Company* **65-0898835**  
**FRAMES USA**  
**6822 S.W. 40 Street**  
**Miami, FL 33155-3708**

**Principal Place of Business** **65-0898835** **Mailing Address**  
**FRAMES USA** **Martin A. Drutz, Accountant**  
**6822 S.W. 40 Street** **8966 S.W. 87 Ct., Suite 12-A**  
**Miami, FL 33155-3708** **Miami, FL 33176**

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

✓  
**60035614**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **Applied For**  
*65-0898835* **Not Applicable**

**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**

*Adam Brand* **Name**  
*6822 SW 40th Street* **Street Address (P.O. Box Number is Not Acceptable)**  
*Miami, FL 33155* **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 another like empowered.**

**SIGNATURE:** *Adam Brand* **ADAM BRAND** *President 4-21-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

# ATTACHMENT

60035614

Suite 12-A, Pearson Professional Bldg.

8966 S.W. 87th Court

Miami, Florida 33176

MARTIN A. DRUTZ

Accountant

#999600019123

Notary Public

Phone 279-1040

Area Code 305

Member: National Society of Public Accountants and Florida Accountants Association

① PAY \$150.00 TO: DEPARTMENT OF STATE

② Fill In ~~XXXXXXXXXXXXXXXXXXXX~~  
LINE 6 (REGISTERED AGENT)

③ SIGN & PRINT YOUR NAME & TELEPHONE #

④ MAIL BEFORE MAY 1, 2006

⑤ MAIL TO: UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500