

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2.

**FILED**

**May 18, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90043 050 \*\*\*150.00

**DOCUMENT # P99000030268**

1. Entity Name

**BRANDTEK INC.**

Principal Place of Business

Mailing Address

882 MAGUIRE RD.  
CLERMONT FL 34761

9149 LAWS RD.  
CLERMONT FL 34711-9139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9149 LAWS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CLERMONT FL

City & State

4. FEI Number

59-3568230

Applied For

Not Applicable

Zip

Country

34711

USA

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

BORI, ALBERT  
882 MAGUIRE RD.  
CLERMONT FL 34761

9149 LAWS RD  
CLERMONT, FL  
34711

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

Albert Bori

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

(NOTE: Registered Agent signature required when reinstating)

2/10/00

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	D	<input type="checkbox"/> Delete
NAME	BORI, ALBERT	
STREET ADDRESS	9149 LAWS RD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORI, HECTOR	
STREET ADDRESS	2449 CLIFFDALE ST.	
CITY-ST-ZIP	OCOOEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Bori	
STREET ADDRESS	9149 LAWS RD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Bori	
STREET ADDRESS	9149 LAWS RD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Debra Bori

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

352-242-1226

Daytime Phone

CR2E034 (9/99)