

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037893

1. Entity Name

BRAKEFIELD ENTERPRISES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90124 041 ***158.75

Principal Place of Business

7120 SW 173RD WAY
FT. LAUDERDALE FL 33331

Mailing Address

7120 SW 173RD WAY
FT. LAUDERDALE FL 33331-1905

2. Principal Place of Business

~~7120 SW 173RD WAY~~
Suite, Apt. #, etc.
~~Fort Lauderdale~~

3. Mailing Address

~~7120 SW 173RD WAY~~
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

~~FL~~ 33331

City & State

~~Fort Lauderdale, FL~~

4. FEI Number

65-0914498

Applied For

Not Applicable

Zip

Country

~~Broward~~

Zip

~~33331~~

Country

~~Broward~~

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAKEFIELD, KASANDRA
7120 SW 173RD WAY
FT. LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BRAKEFIELD, KASANDRA
CITY-ST-ZIP 7120 SW 173RD WAY
FT. LAUDERDALE FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Kassandra Brakefield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 3/20/00 954-434-5001