

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0372352 AV

DOCUMENT # P99000048489

1. Entity Name
BRMG, INC.

02-26-2002 90163 041 ***150.00

Principal Place of Business Mailing Address
2900 NORTH MILITARY TRAIL SUITE 240 **2900 NORTH MILITARY TRAIL SUITE 240**
BOCA RATON FL 33431 **BOCA RATON FL 33431**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-0928013** 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

SPRINKLE, PHILIP M II
PHILLIPS POINT-EAST TOWER
777 SOUTH FLAGLER DRIVE SUITE 900
WEST PALM BEACH FL 33401

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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	CASTELLANOS, JOSE V MD	2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	JOHNSON, WILLIAM JR, MD	2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	METZGER, CHARLES E MD	2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	CHIE-FOR, BASIL S.H. MD	2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	KUBIAK, CAROLYN DO	2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	WEINER, STANLEY MD	2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON FL 33431	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)