## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900049896  1. Entity Name BRE CONSULTING SERVICES, INC.						Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90022 021 ***150.00		
	ce of Business DADELAND BLVD. 156	Mailing Address 9100 SOUTHDADELAND BLVD. SUITE 901 MIAMI FL 33156						
2. Principal F	Place of Business	3. Mailing Address 9100 So. Dadeland Blvd.				T JURANUS ING THATA KENA SENIA BURKA BURKA BURKA BURKA BARKU KANDA KUNTA BARKU KENA BURKA BARKA BARKA BURKA B 	<b>{</b> [	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. <b>901</b>				DO NOT WRITE IN THIS SPACE		
City-&-Stat	10	— City & State  Miami, Florida			- 4:-1	FEI-Number 65-0923616 Applied For-	ble	
Žip	Country	Zip 33156	Cour	•	5. (	Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	egistered Agent			7. 1	Name and Address of New Registered Agent		
BINSTOCK, ALEX S 9100 SOUTHDADELAND BLVD. SUITE 901					Address (P.O. Box Number is Not Acceptable)  0 So. Dadeland Blvd  te 901			
MIAMI FL	. 33156		Wiami			FL Zip Code 33156		
0.45	e named entity submits this statement for					•	$\dashv$	
Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS			(NOTE: Registered Agent signature required  OW!!! FEE IS \$150.00  1, 2002 Fee will be \$550.00  ayable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BINSTOCK, ALEX S CPA 9100 SOUTHDADELAND BLVD., SUITE 901 MIAMI FL 33156			E EET ADDRESS -ST-ZIP	☐ Change ☐ Addition  9100 So. Dadeland Blvd., Suite 901  Miami, Florida 33156			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33156			E EET ADDRESS -ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐	on i	
TITLE NAME Street address City-St-Zip	14444 FL 00450				9100 So. Dadeland Blvd., Suite 901 Miami, Florida 33156			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Additi	חם	
TITLE Name Street address City-St-Zip		☐ Delete				☐ Change ☐ Addition	on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition	nk	
indicated of the cor	on this report or supplemental report is t	rue and accurate and that ma rered to execute this report a	y signa	ture shall have	e the same I	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 i	r	

SIGNATURE: