2000 UNIFORM BUSINESS REPORT JUBR)

DOCUMENT # P99000051210 Apr 18, 2000 8:00 am Secretary of State BRAMERICAN MORTGAGE CONSULTANTS, INC. 01-22-2000 90067 001 ***150.00 Principal Place of Business Mailing Address 18405 WEST DIXIE HIOGHWAY 18405 WEST DIXIE HIOGHWAY N MIAMI BEACH FL 33160 N MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 3. Malling Address 18405 West Dixie 18405 West Dixie DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Numbe 6509 2639 Miami Not Applicable Miam Zip \$8.75 Additional \Box 5. Certificate of Status Desired 160 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARAKIS, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 1400 N.E. 180TH ST N MIAMI BEACH FL 33162 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PSD PSD ☐ Delete TITLE Change TITLE SHEMESH, MARIA 18405 West Dixie Huy NAME SGEMESH, MARIA NAME **CR2E034** STREET ADDRESS STREET ADDRESS 18405 WEST DIXIE HIOGHWAY CITY-SY-77P N Miami Beach FL 33160 CHTY-ST-7IP N MIAMI BEACH FL 33160 Change TITLE TITLE TD ☐ Delete mesner, Jordana MESNER, JORDANA B NAME NAME 18405 West Dixie Huy STREET ADDRESS STREET ADDRESS 18405 WEST DIXIE HIOGHWAY CITY-ST-ZIP City-ST-ZIP N-MIAMI-BEACH-FL-33160 Addition Delete TITLE Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 13. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 12 of changed, or on an attachment with an address with all other like empowered. 01/10/2000 SIGNATURE: NTED NAME OF SIGNING OFFICER OR DIRECTOR