

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2001 8:00 am**  
**Secretary of State**

08-17-2001 90001 046 \*\*\*550.00

DOCUMENT # **P99000059257**

1. Entity Name  
**BRUNS PRINT MANAGEMENT, INC.**

Principal Place of Business <b>1717 N BAYSHORE DR. SUITE 1245 MIAMI FL 33132</b>	Mailing Address <b>1717 N BAYSHORE DR. SUITE 1245 MIAMI FL 33132</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1878 SW 177th Ave</i>	3. Mailing Address <i>1878 SW 177th Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIRAMAR FL</i>	City & State <i>MIRAMAR FL</i>	4. FEI Number <b>65-0931161</b>	Applied For <input type="checkbox"/>
Zip <i>33029</i>	Country <i>USA</i>		Not Applicable

Zip <i>33029</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>O'DOWD, WILLIAM H IV 1717 N BAYSHORE DR, SUITE 1245 MIAMI FL 33132</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST BRUNS, STEVEN J 1878 SW 177 AVE MIRAMAR FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRUNS, STEVEN J 1878 SW 177 AVE MIRAMAR FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 of Steven J. Bruns* **8/12/01** **954-447-6828**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)