2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-25-2003 90433 001 ***150.00
04-25-2003 90433 002 *****8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P99000061296
03 MAY 22 PM 12:38

DOCUMENT # P99000061296

1. Entity Name
BRINI INVESTIGATION SECURITY ~~CORP.~~ Corp
D/B/A Brandy Wine Corp

Principal Place of Business	Mailing Address
155 S MIAMI AVE PH 1 MIAMI FL 33130	PO BOX 382203 MIAMI FL 33238

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
155 S Miami Ave PH 1	P.O Box 382203
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Miami
Zip: 33130 Country: Mia Dade	Zip: 38238 Country: Miami DADE

4. FEI Number 65-0946692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required 2001.02

6. Name and Address of Current Registered Agent

~~ALEXANDER, BRAD~~
~~155 S MIAMI AVE PH1~~
~~MIAMI FL 33130~~
Delinoir Brini
P.O Box 38238
Miami fl 33238

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1300 NW 11th St.
Miami
City FL Zip Code 33167

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 04/19/03

☑ FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BRINI, DELINOIR 443 N.E. 70TH STREET MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BRINI, DAVID 443 N.E. 70TH STREET MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~ALEXANDER, BRAD A~~ ~~155 S MIAMI AVE~~ ~~MIAMI FL 33130~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP 155 S Mia Ave PH 1 Miami fl 33130	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delinoir Brini RT P.O. Box 382203 Mia fl 33238-2203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David Brini VP-S P.O Box 382203 Mia fl 33238-2203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 04/19/03 305 926 1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)