

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066766

1. Entity Name

BRAMS ADVENTURES, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90009 019 ***150.00

Principal Place of Business

177 MANCHESTER LANE
W. PALM BEACH FL 33406

Mailing Address

177 MANCHESTER LANE
W. PALM BEACH FL 33406-2139

2. Principal Place of Business

311 TALL PINES RD

Suite, Apt. #, etc.

3. Mailing Address

311 TALL PINES RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

W. PALM BEACH, FL

City & State

W. PALM BEACH, FL

4. FEI Number

65-0959000

Applied For

Not Applicable

Zip

Country

33413

USA

Zip

Country

33413

USA

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

WEINSTEIN, SETH T ESQ.
SOKOLOFF & WEINSTEIN, ESQ.
11440 OKEECHOBEE BLVD., #104
ROYAL PALM BEACH FL 33411

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, 2000 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
D
BAILEY, ROB
37 CANTON ROAD
LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILEY, MARY A
2773 PATRICK CIRCLE NORTH
W. PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ 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: *S. Bailey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00
Date

561-686-3001
Daytime Phone #

CR2E034 (9/99)