2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # POOCOOTERS5

Procipal Precor of Business 16272 NW 21TH ST. PREMBOKE PRIES FL 30208 2. Pricipal Precor of Guisness Suite. April 4 stic. 3. Making Address FL 30208 1759 Suite. April 4 stic. 3. Making Address FL 30208 1759 Suite. April 4 stic. 3. Making Address FL 30208 1759 Suite. April 4 stic. 3. Making Address FL 30208 1759 DO NOT WRITE IN THIS SPACE CIVY & State Holes A. F.	1. Entity Name BRAND' SOLUTIONS INTERNATIONAL CORP.				Secretary of State 04-24-2000 90071 032 ***158.75		
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Action of Status Desired	City & State	Haleah FL			4. FEI Number 65-096	4454 Ap	
PATRICIA MENASCHE, JANETH 16282 N.W. 21TH ST. PEMBROKE PINES FL 33028 6. The above named entity submits this statement for the purpose of changing its registered office or registrand agent, or both, in the State of Fords. SIGNATURE Address (P.O. Box Number is Not Acceptable) 6. The above named entity submits this statement for the purpose of changing its registered office or registrand agent, or both, in the State of Fords. SIGNATURE Address (P.O. Box Number is Not Acceptable) 6. The above named entity submits this statement for the purpose of changing its registered office or registrand agent, or both, in the State of Fords. SIGNATURE Address (P.O. Box Number is Not Acceptable) FLE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME PATRICIA MENASCHE, JANETH 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIE VALUE AND ACCEPTABLE AND DIRECTORS ITIE NAME SIRET ADDRESS CITY-ST-2P TITE NAME AND SIRET ADDRESS CITY-ST-2P TITE NAME SIRET ADDRESS CITY-ST	Zip 3 3	T Country	Zip	Country	- 0 10 10 10 10 10	\$8.75 Add	
PATRICIA MENASCHE, JANETH 16282 N.W. 21TH ST. PEMBROKE PINES FL 33028 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 Advances by a present more or registered superior or produce in the State of Florida. SIGNATURE Advances by a present more or and a supplicate. Po Tries corporation is eligible to satisfy its Intangible Tax filling application and a supplication. Patricia MENASCHE, JANETH 11. OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITE 11. OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITE 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITE 13. OFFICERS AND DIFECTORS 14. Addition 15. Addition 16. Election Campaign Financing Added to Fees 16. Addition 17. Change Addition 18. Add			J			egistered Agent	
PATRICIA MENASCHE, JANETH 18282 N.W. 21TH ST. PEMBROKE PINES FL 33028 STORE Address (P.O. Box Number is Not Acceptable) City FL Zip Code SIGNATURE S	Nama						
### City FL Zip Code 6. 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					<u> </u>		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE	l F				***		
SIGNATURE Signature. Typer or protect name of registence against and time it applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria or back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 11. OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS IN 11 13. OFFICERS AND				City		FL Zip Code	e
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Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2009 Fee will be \$550.00 Make Check Psyable to Department of State Trust Fund Contribution.	SIGNATURE	<u>haumth Aleua</u> Signature, typed or printed name of registered agent a	Sche . Ind title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating)	DATE	
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13. Thereby 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		positive that the information or maline desired	this filing does not availe for		Spotion 119 07(3)(i) Florido Statutos	further north, that the i	oformation

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and changed, or on an attachment with an address, with all other like empowered.