

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90342 025 \*\*\*158.75

**DOCUMENT # P99000087440**

1. Entity Name  
**BRIDAKO CONSULTING, INC.**

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~  
~~PALM BCH FL 33400~~

~~200 PHIPPS PLAZA~~  
~~PALM BCH FL 33400~~



2. Principal Place of Business

3. Mailing Address

**One N. Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 305**

**One N. Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 305**

DO NOT WRITE IN THIS SPACE

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number **65-0952007**

Applied For  
 Not Applicable

Zip **33401** Country **USA**

Zip **33401** Country **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

**KOSOY, BRIAN D**

~~200 PHIPPS PLAZA~~  
~~PALM BCH FL 33400~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**One North Clematis St.**

**Suite 305**

City **West Palm Beach, FL**

Zip Code **33401**

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, 2002 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 **PSTD** ☐ Delete  
 NAME **KOSOY, BRIAN D**  
 STREET ADDRESS ~~200 PHIPPS PLAZA~~  
 CITY-ST-ZIP ~~PALM BEACH FL 33400~~

TITLE ☒ Change ☐ Addition  
 NAME **One N. Clematis St. - Ste. 305**  
 STREET ADDRESS **West Palm Beach, FL 33401**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

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 REQUIRED**  
**BRAND KOSOY** 4-12-02 561-835-1810  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President**

CR2E034 (9/01)