

2000 UNIFORM BUSINESS REPORT (UBR)

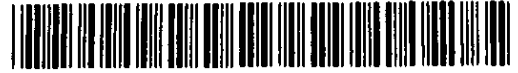
DOCUMENT # P99000108623

1. Entity Name
BRANT CUSTOM, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90118 040 ***150.00

Principal Place of Business 3509 EASTVIEW AVE. WEST PALM BEACH FL 33407	Mailing Address 3509 EASTVIEW AVE. WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2800 E. Tamarind Ave Suite, Apt. #, etc. Q	3. Mailing Address 2800 E Tamarind Ave Suite, Apt. #, etc. Q
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City & State West Palm Beach	City & State West Palm Beach
Zip 33407	Zip 33407
Country	Country

4. FEI Number 65-0975908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT, PAUL M
3509 EASTVIEW AVE
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name **Paul M Brant**
Street Address (P.O. Box Number is Not Acceptable)
2800 E. Tamarind Ave
City **West Palm Beach FL** Zip Code **33407**

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 *Paul M Brant* (NOTE: Registered Agent signature required when reinstating) DATE 4/14/00

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	
TITLE President	<input type="checkbox"/> Delete
NAME Paul M Brant	
STREET ADDRESS 2800 E Tamarind Ave	
CITY-ST-ZIP West Palm Beach FL 33407	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Kevin Corradini	
STREET ADDRESS 2800 E Tamarind Ave	
CITY-ST-ZIP West Palm Beach FL 33407	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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: *Paul M Brant* DATE 4/14/00 DAYTIME PHONE # 561-352-5457

CR2E034 (9/99)