

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

ATX1

DOCUMENT # S17962	
1. Entity Name BRAHM PROPERTIES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 102 PITAS AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SOUTH ATTLEBORO, MA		City & State	
Zip 02703	Country	Zip	Country

4. FEI Number 65-0233724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

U000000448673
03/09/06-80021-023 150.00

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DICKINSON, ROBERT A.
Street Address (P.O. Box Number is Not Acceptable)
460 S. INDIANA AVENUE

City
ENGLEWOOD **FL** Zip Code
34223

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PITAS, WILLIAM B 102 PITAS AVE SOUTH ATTLEBORO, MA 02703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William B. Pitso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-06 5085093766

Date

Daytime Phone #