

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90097 044 \*\*\*150.00

0259772 AV

DOCUMENT # V09311

1. Entity Name  
BREVOORT COMMUNICATIONS CORPORATION



Principal Place of Business  
~~4711 N.W. 79TH AVE., STE 7-G~~  
MIAMI FL 33166  
US

Mailing Address  
P.O. BOX 521604  
MIAMI FL 33152  
US

2. Principal Place of Business  
7930 NW 36th ST.  
Suite, Apt. #, etc.  
22-238

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

4. FEI Number 65-0312535

Applied For  
Not Applicable

Zip 33166 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

HANNAH, DAVID  
4711 N.W. 79TH AVE., STE 7-G  
MIAMI FL 33166

SEE ABOVE FOR NEW ADDRESS

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* - DAVID M. HANNAH - PRES

4/9/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HANNAH, DAVID <del>4711 N.W. 79TH AVE., STE 7-G</del> MIAMI FL 33166 SEE ABOVE FOR NEW ADDRESS	<input type="checkbox"/> Delete
*TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANNAH, DAVID <del>4711 N.W. 79TH AVE., STE 7-G</del> MIAMI FL 33166 SEE ABOVE FOR NEW ADDRESS	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* - DAVID M. HANNAH - PRES.

4/9/03

305-599-7119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)