2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V15956 **DOCUMENT #**

1. Entity Name

BRAVO INVESTMENT GROUP CORP.



FILED Mar 06, 2003 8:00 am § Secretary of State

03-06-2003 90088 034 ***150.00

Principal Place of Business 8357 WEST FLAGLER STREET SUITE 104 MIAMI FL 33144 US		Mailing Address 8357 WEST FLAGLER STREET SUITE 104 MIAMI FL 33144 US				
2. Principal Place of Business		3. Mailing Address			L COURT DISOUL TINGE WITTEN SOLDT WITTEN STILL BILL BILL BILL BILL BILL BILL BILL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0313951	Applied For Not Applicable
Zip	Country	Zip	Country		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		
DIAZ, RICHARD				Name		
8357 W I	FLAGLER ST	Street Address		Address (P.0	O. Box Number is Not Acceptable)	
SUITE 104						
MIAMI FL	33144	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. ! 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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN A
TITLE	DP	☐ Delete	TITLE	Γ	- 155 TO OFFICERS AND	
NAME DIAZ, RICHARD			NAME			☐ Change ☐ Addition S
STREET ADDRESS 8357 W. FLAGLER ST., STE. 104			STREET ADDRESS			=

CITY-ST-ZIP |MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

305-727-0818