

2000 UNIFORM BUSINESS REPORT (UBR)

PAY *526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:21

DOCUMENT # A10272

1. Entity Name
BROKS CENTER, LIMITED

Principal Place of Business Mailing Address

48 E. FLAGLER STREET, PH-105 48 E. FLAGLER STREET, PH-105
MIAMI FL 33131 MIAMI FL 33131-1012

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2092899** Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARBIN, EVAN R
48 E. FLAGLER SR., PH 104
MIAMI FL 33131

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$150,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **150,000** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|--|-----------------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | G93288900003 DOWNTOWN REALTY INVEST. 48 E. FLAGLER ST., PH-105 MIAMI FL 33131 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | EGOZI, LUIS 217 E. RIVO ALTO DRIVE MIAMI BEACH FL 33139 | STREET ADDRESS CITY - ST - ZIP | <i>mf 3/6/00</i> |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | A95000008853 EGOZI FAMILY PARTNERSHIP 4575 SABAL PALM ROAD MIAMI FL 33137 | STREET ADDRESS CITY - ST - ZIP | 900003170259--1 -03/15/00--01005--017 ****526.28 ****526.28 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | GINZBURG, SAUL 7901 BISCAYNE POINT CIR. MIAMI BEACH FL 33141 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | GINZBURG, MARIO 20605 N.E. 22ND PLACE N. MIAMI BEACH FL 33180 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | GARAZI, ISSAC 2025 N.E. 197TH STREET N. MIAMI BEACH FL 33179 | STREET ADDRESS CITY - ST - ZIP | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE REQUIRED** *2/18/00 205377492*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)