

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19272**

1. Entity Name

BROKS CENTER, LIMITED

Principal Place of Business
48 E. FLAGLER STREET, PH-105
MIAMI FL 33131

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

FILED

01 SEP -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number **59-2092899**

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

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

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

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

(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.

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

DOCUMENT # **G93288900003**
NAME **DOWNTOWN REALTY INVEST.**
STREET ADDRESS **48 E. FLAGLER ST., PH-105**
CITY-ST-ZIP **MIAMI FL 33131**

DOCUMENT # **EGOZI, LUIS**
NAME **217 E. RIVO ALTO DRIVE**
STREET ADDRESS **MIAMI BEACH FL 33139**
CITY-ST-ZIP

DOCUMENT # **A95000000853**
NAME **EGOZI FAMILY PARTNERSHIP**
STREET ADDRESS **4575 SABAL PALM ROAD**
CITY-ST-ZIP **MIAMI FL 33137**

DOCUMENT # **GINZBURG, SAUL**
NAME **7901 BISCAYNE POINT CIR.**
STREET ADDRESS **MIAMI BEACH FL 33141**
CITY-ST-ZIP

DOCUMENT # **GINZBURG, MARIO**
NAME **20605 N.E. 22ND PLACE**
STREET ADDRESS **N. MIAMI BEACH FL 33180**
CITY-ST-ZIP

DOCUMENT # **GARAZI, ISSAC**
NAME **2025 N.E. 197TH STREET**
STREET ADDRESS **N. MIAMI BEACH FL 33179**
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

00000000

AT

CRZE003 (5/01)

STAPLE CHECK HERE