

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A10272

1. Entity Name
BROKS CENTER, LIMITED



FILED

03 APR 11 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

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

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

STREET ADDRESS

CITY-ST-ZIP

100015757281

04/11/03--01044--025 **526.25

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # GARAZI, ISSAC
NAME
STREET ADDRESS 2025 N.E. 197TH STREET
CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/7/03 305 377-4924

CR2E003 (10/02)

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