FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 08, 2002 8:00 am Secretary of State DOCUMENT # P01000010256 09-08-2002 90128 009 ***550.00 BROOKS & COMPANY REAL ESTATE, INC. Principal Place of Business Mailing Address 9280 FONTAINBLEAU BLVD. 9280 FONTAINBLEAU BLVD. 10042 APT. 301 APT. 301 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address SAM SAM Suite, Apt. #, etc. Suite, Apt. # etç. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name and Address of New/Registered Agent **BROOKS, GASPAR** 9280 FONTAINBLEAU BLVD. APT. 301-MIAMI-FL 33172 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Addition VILLAVERDE, MARGO R NAME NAME STREET ADDRESS 9280 FONTAINBLEAU BLVD., APT. 301 341) STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP 🔀 Delete TITLE ☐ Change ☐ Addition NAME BROOKS, GASPAR NAME STREET ADDRESS 9280 FONTAINBLEAU BLVD., APT. 301 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fifth 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Davtime Phone #