2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000115211

Entity Name: BROEKHUIZEN HOLDING, INC.

() Delete

FT LAUDERDALE, FL 33334

Title:

Name:

Address: City-St-Zip: D

MORREN, JAN F

1531 NF 63 ST

Apr 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7245 NW 54 ST MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 7245 NW 54 ST MIAMI, FL 33166 FEI Number: 01-0618787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORREN, JAN F 7245 NW 54 ST MIAMI, FL 33166 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BROEKHUIZEN, KOENRAAD J BROEKHUIZEN, KOENRAAD J Name: Name: NOORDDAMMERLAAN 111, 1187AC AMSTELVEEN Address: LEGMEERDYK 81, 1187NT AMSTELVEEN Address: City-St-Zip: THE NETHERLANDS, EU City-St-Zip: THE NETHERLANDS, EU EU Title: Title: () Delete (X) Change () Addition Name: BROEKHUIZEN, CRISTOL M. W. Name: BROEKHUIZEN, CRISTOL M. W. NOORDDAMMERLAAN 111, 1187AC AMSTELVEEN Address: LEGMEERDYK 81, 1187NT AMSTELVEEN Address: THE NETHERLANDS, EU THE NETHERLANDS, EU EU City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAN F MORREN D 04/27/2002

() Change () Addition