

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90984 031 \*\*\*150.00

**DOCUMENT # P98000049427**

1. Entity Name  
**BROWNSVILLE GARDENS, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>7130 SW 43RD ST<br/>MIAMI FL 33135</b> | Mailing Address<br><b>7130 SW 43RD ST<br/>MIAMI FL 33155-4608</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0845092</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>MARTINEZ, HUMBERTO<br/>7130 SW 43RD ST<br/>MIAMI FL 33155</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS               |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |   |
|--|---|---|---|
| TITLE<br><b>PD</b>                       | <input type="checkbox"/> Delete<br><b>MARTINEZ, HUMBERTO</b>  | TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>21P 33155</b>  |
| NAME<br><b>MARTINEZ, HUMBERTO</b>        |   | NAME  |   |
| STREET ADDRESS<br><b>7130 SW 43RD ST</b> |   | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL 33135</b>     |   | CITY-ST-ZIP   |   |
| TITLE<br><b>SD</b>                       | <input type="checkbox"/> Delete<br><b>MARTINEZ, AMERICA</b>   | TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>21P 33155</b>  |
| NAME<br><b>MARTINEZ, AMERICA</b>         |   | NAME  |   |
| STREET ADDRESS<br><b>7130 SW 43RD ST</b> |   | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL 33135</b>     |   | CITY-ST-ZIP   |   |
| TITLE<br><b>TD</b>                       | <input type="checkbox"/> Delete<br><b>MARTINEZ, HUMBERTO</b>  | TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>9015 SW 85TH</b>   |
| NAME<br><b>MARTINEZ, HUMBERTO</b>        |   | NAME  |   |
| STREET ADDRESS<br><b>7800 SW 91 AVE</b>  |   | STREET ADDRESS  | <b>MIAMI FL 33173</b>   |
| CITY-ST-ZIP<br><b>MIAMI FL 33135</b>     |   | CITY-ST-ZIP   |   |
| TITLE<br><b>VD</b>                       | <input type="checkbox"/> Delete<br><b>MARTINEZ, GREGORY P</b> | TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>11833 SW 99 Lane</b>   |
| NAME<br><b>MARTINEZ, GREGORY P</b>       |   | NAME  |   |
| STREET ADDRESS<br><b>7800 SW 91 AVE</b>  |   | STREET ADDRESS  | <b>MIAMI FL 33186</b>   |
| CITY-ST-ZIP<br><b>MIAMI FL 33135</b>     |   | CITY-ST-ZIP   |   |
| TITLE                                    | <input type="checkbox"/> Delete                               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                     |   | NAME  |   |
| STREET ADDRESS                           |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                              |   | CITY-ST-ZIP   |   |
| TITLE                                    | <input type="checkbox"/> Delete                               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                     |   | NAME  |   |
| STREET ADDRESS                           |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                              |   | CITY-ST-ZIP   |   |

13. 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 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 trustee 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: *America Martinez* *America Martinez* 4/26/00 305 669-9244  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)