

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90082 028 ***150.00

DOCUMENT # P98000049427

1. Entity Name

BROWNSVILLE GARDENS, INC.

Principal Place of Business

**7130 SW 43RD ST
 MIAMI FL 33135**

Mailing Address

**7130 SW 43RD ST
 MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0845092

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

**MARTINEZ, HUMBERTO
 7130 SW 43RD ST
 MIAMI FL 33155**

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. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, HUMBERTO	
STREET ADDRESS	7130 SW 43RD ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTINEZ, AMERICA	
STREET ADDRESS	7130 SW 43RD ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINEZ, HUMBERTO	
STREET ADDRESS	9015 SW 85 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINEZ, GREGORY P	
STREET ADDRESS	11833 SW PP LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

4/26/01

305 669 2819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)