2000 UNIFORM BUSINESS REPORT (UBR)

Pay *526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 24 AM 10:21

DOCUMENT # A10272

1. Entity Name

BROKS CENTER, LIMITED

Principal Place of Business	Mailing Address
48 E. FLAGLER STREET. PH-105 MIAMI FL 33131	48 E. FLAGLER STREET. PH-105 MIAMI FL 33131-1012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2092899 ☐ Applied For ☐ Not Applicable

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$150,000.00	150,000	

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	STREET ADDRESS	
NAME	DOWNTOWN REALTY INVEST.	CITY-ST-ZIP	
STREET ADDRESS	48 E. FLAGLER ST., PH-105		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME	EGOZI, LUIS		mf 3/6/00
STREET ADDRESS	217 E. RIVO ALTO DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #	A95000000853	STREET ADDRESS	900003170259--1
NAME	EGOZI FAMILY PARNTERSHIP		-03/15/00--01005--017
STREET ADDRESS	4575 SABAL PALM ROAD	CITY-ST-ZIP	****526.28 ****526.28
CITY-ST-ZIP	MIAMI FL 33137		
DOCUMENT #		STREET ADDRESS	
NAME	GINZBURG, SAUL		
STREET ADDRESS	7901 BISCAYNE POINT CIR.	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI BEACH FL 33141		
DOCUMENT #		STREET ADDRESS	
NAME	GINZBURG, MARIO		
STREET ADDRESS	20605 N.E. 22ND PLACE	CITY-ST-ZIP	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME	GARAZI, ISSAC		
STREET ADDRESS	2025 N.E. 197TH STREET	CITY-ST-ZIP	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		

CR2E003 (9/99)

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 2/18/00 305-377-82[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #