

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027035

1. Entity Name

THE BROWN LAW GROUP, P.A.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90190 036 \*\*\*150.00

Principal Place of Business

Mailing Address

19043 NW 52ND COURT  
MIAMI FL 33055

19043 NW 52ND COURT  
MIAMI FL 33055-2390

2. Principal Place of Business

3. Mailing Address

555 NE 34 ST  
Suite, Apt. #, etc.  
307

555 NE 34 ST  
Suite, Apt. #, etc.  
307

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33137

Country  
USA

Zip  
33137

Country  
USA

4. FEI Number

65-0908949

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

BROWN, VINCENT T ESQ.  
19043 NW 52ND COURT  
MIAMI FL 33055

Name  
VINCENT T. BROWN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

555 NE 34 ST, STE. 307

City  
MIAMI

FL

Zip Code  
33137

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWN, VICENT T  
19043 NW 52ND COURT  
MIAMI FL 33055 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
VINCENT T BROWN  
555 NE 34 ST #307 MIAMI FL 33137 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

CR 21014 (1/99)