# 2000 UNIFORM BUSINESS REPORT (UBR)

08-09-2000 90080 019 ****61.25

DOCUMENT # 735981

1. Entity Name
Brookview Association INC

FILED
00 AUG -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 13500 NE 3 CT<br>N Miami FL<br>33161 | 13500 NE 3 COURT<br>#227<br>No Miami, Fl 33161 |
| 2. Principal Place of Business<br>No Miami FL | 3. Mailing Address<br>No Miami FL |
| Suite, Apt. #, etc.<br>227 | Suite, Apt. #, etc.<br>227 |
| City & State<br>No Miami FL | City & State<br>No Miami FL |
| Zip 33161 Country DADE-USA | Zip 33161 Country DADE-USA |

4. FEI Number 59-1702167 ☐ 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 |
|---|---|
| SUSAN J ASKEW, Secretary<br>Brookview Association<br>#102<br>13500 NE 3 CT<br>N Miami, FL 33161 | Name SUSAN J ASKEW<br>Street Address (P.O. Box Number is Not Acceptable) 13500 NE 3 CT #102<br>City No Miami FL Zip Code 33161 |

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 Susan J Askew, Secretary 1-5-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Patricia Rand<br>13500 NE 3 CT #209<br>N. Miami FL 33161 | ☒ Delete<br>died 6-10-2000 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>SUSAN J ASKEW<br>13500 NE 3 CT #102<br>N Miami, FL 33161 | T ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>JoAn Moore<br>13500 NE 3 Ct., #126<br>No Miami, FL 33161 | T ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Johanna Reuman<br>13500 NE 3 Ct #221<br>No Miami, FL 33161 | T ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Allision Adams<br>7211 Fairway Blvd<br>Miramar, FL 33023 | D ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Mary Garcia<br>13500 NE 3 Ct., # 425<br>No Miami, FL 33161 | D ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Susan J Askew Susan J Askew 1-5-2000 305 893 4013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)

unlisted

8/10