

FROM :

PHONE NO. : 5612432602

FILED
May 22, 2001 8:00 am
Secretary of State

04-17-2001 90024 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000093418**

1. Entity Name

BROOKSHORE III, INC.

Principal Place of Business

**3401 S. OCEAN BLVD., APT. 6
HIGHLAND BCH FL 33487**

Mailing Address

**3401 S. OCEAN BLVD., APT. 6
HIGHLAND BCH FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

4. FEI Number

58-2579003

Applied For

Not Applicable

8. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALENDO, SAM C ESQ.
1430 S. FEDERAL HWY., SUITE 302
DEERFIELD BCH FL 33441**

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when releasing)

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 \$250.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	FRANK, FRANKLIN	3401 S. OCEAN BLVD., APT. 6	HIGHLAND BCH FL 33487

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

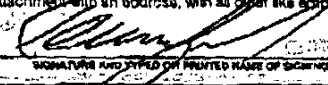
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

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 information.

SIGNATURE: 

SIGNATURE AND STAMP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

516-935-8200

CR25034 (10/00)