

Entity Name
BROOKS BUILDERS, INC.

Amendment

FILED
00 JUN 22 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 6200 S.W. 79TH CT MIAMI FL 33143-1816		Mailing Address 6200 S.W. 79TH CT MIAMI FL 33143-1831	
2. Principal Place of Business 12515 N. Kendall Dr. Suite, Apt. #, etc. # 408 City & State West Kendall, FL Zip 33186 Country U.S.		3. Mailing Address 12515 N. Kendall Dr. Suite, Apt. #, etc. # 408 City & State West Kendall, FL Zip 33186 Country U.S.	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MUSE, BROOKS M., II 6200 S.W. 79TH CT MIAMI FL 33143		4. FEI Number 59-0587010		Applied For ☐ Not Applicable
7. Name and Address of New Registered Agent Name Brooks M. Muse, II Street Address (P.O. Box Number is Not Acceptable) 12515 N. Kendall, Dr. #408 City West Kendall, FL Zip Code 33186		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.				

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
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P MUSE, BROOKS M. II 6200 S.W. 79TH COURT MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition KE
T WINN, KATHLEEN H 5866 SW 107TH STREET MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500003314355-8 -07/06/00--01013--023 *****61.25 *****61.25
VP GORMAN, ANTHONY G. 14140 S.W. 72ND AVENUE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 stated 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 required, 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: **Brooks M. Muse II, Pres.**
Date: **4-27-00** (305) 274-3222
Daytime Phone