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## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # 422509 Jan 13, 2000 8:00 am Secretary of State 1. Entity Name BROWNE BROTHERS VANN CORPORATION 01-13-2000 90040 049 \*\*\*158.75 Principal Place of Business Mailing Address 1421 EAST OAKLAND PARK BLVD. 1421 EAST OAKLAND PARK BLVD. SUITE 104 SUITE 104 OAKLAND PARK FL 33334 OAKLAND PARK FL 33334-4434 US 2. Principal Place of Business 3. Mailing Address 2831 NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1479366 LAUDERDALE. Not Applicable Gountry USA Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWNE, MORTON BROWNE, MORTON L. 2831 NE 59TH ST FT LAUDERDALE FL 33308 nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ĝ Change TITLE Delete TITLE BROWNE, MORTON L. NAME BROWNE. MODON L. 1421 E OAKLAND PK BLVD STREET ADDRESS STREET ADDRESS OAKLAND PARK, FL-00000 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME BROWNE, MORTONL STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP 283 LIVE S.9 P. STILE Doice TITLE TITLE NAME NAME TO LAUDERDALE, FLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information Vsupplied with iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ad to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or su of the corporation or the rece changed, or on an attachmer

SIGNATURE: