2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # 514859** 1. Entity Name BROOKFIELD BUILDERS, INC. 02-01-2000 90071 045 ***158.75 Principal Place of Business Mailing Address 1723 AVENLDA DEL SOL PO BOX 812169 BOCA RATON FL 33481-2169 BOCA RATON FL 33432 B0011906 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State City & State 4. FEI Number 59-1736041 Not Applic Country \$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 Name ACKER, JESSICA L Street Address (P.O. Box Number is Not Acceptable) 7664 NW 70TH WAY PARKLAND FL 33067 Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstalting). 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VPDS** ☐ Delete Addition TITLE TITLE LINEHAN, REBECCA M. NAME NAME 7780 KENWAY PLACE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition ☐ Change Delete TITLE TITLE ACKER, JESSICA L. NAME NAME 7664 NW 70TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Change ☐ Addition ☐ Delete TITLE LINEHAN, JANET M NAMĒ NAME 801 W WASHINGTON PO BOX 2278 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG VA 20118 ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP yith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied It 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 apowered 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 supplemental rep of the corporation or the receiver or trusted changed, or on an attachment with an add like empowered.