

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90361 047 ***150.00

DOCUMENT # F38533

1. Entity Name

J.E. BROUWER, P.A.

Principal Place of Business

Mailing Address

~~7250 S.W. 8TH STREET~~
~~MIAMI FL 33144~~

1108 Milan Ave
Coral Gables
Fla 33134

~~7250 S.W. 8TH STREET~~
~~MIAMI FL 33144~~

1108 Milan Ave
Coral Gables
Fla 33134

2. Principal Place of Business

1108 Milan Ave

Suite, Apt. #, etc.

3. Mailing Address

1108 Milan Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables Fla

City & State

Coral Gables Fla

4. FEI Number

59-2113902

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

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

BROUWER, JUANA ESTHER

~~7250 S.W. 8TH ST.~~
~~MIAMI FL 33144~~

1108 Milan Ave
Coral Gables
Fla 33134

Name

JUANA E. BROUWER

Street Address (P.O. Box Number is Not Acceptable)

1108 Milan Ave

Coral Gables

City

FL

Zip Code

33134

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

JUANA E. BROUWER Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

2-28-01

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 \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	BROUWER, JUANA ESTHER	
STREET ADDRESS	7250 S.W. 8TH ST. 1108 Milan Ave	
CITY-ST-ZIP	MIAMI FL Coral Gables Fla	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 807, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANA E. BROUWER

Date

Daytime Phone #

305 446 9664
20/01

305 615 2700

CR2E034 (10/00)