

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90115 025 ***150.00

0049057 AV

DOCUMENT # F42383

1. Entity Name

CARL NETHERLAND BROWN, INC.

[Handwritten Signature]



Principal Place of Business

**3675 S.W. 24 STREET
MIAMI FL 33145-3032**

Mailing Address

**3675 S.W. 24 STREET
MIAMI FL 33145-3032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2123213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LAMONT, ROBERT S
3050 BISCAYNE BLVD #610
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **NETHERLAND-BROWN, CARL**
STREET ADDRESS **3675 S.W. 24 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☒ Delete
NAME **NETHERLAND-BROWN, LOUIS V.**
STREET ADDRESS **3675 S.W. 24 STREET**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

NOT RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-03 (423) 272-8985

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90146316
#F42383

July 21, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I did not receive the original 2003 Uniform Business Report form from you.

Enclosed is my check for \$150.00. I request a waiver on the \$550.00 late fee indicated on the second notice form.

Yours truly,

Carl Netherland-Brown Inc.

Carl Netherland-Brown, Inc.
3675 S.W. 24 Street
Miami, FL 33145-3032