

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90039 005 \*\*\*150.00

**DOCUMENT # F95000006319**

1. Entity Name

**BROWN JORDAN COMPANY**

Principal Place of Business

Mailing Address

**9860 GIDLEY STREET  
EL MONTE CA 91731  
US****9860 GIDLEY STREET  
EL MONTE CA 91731-1138  
US****608840**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**95-4556539**

Applied For

Not Applied For

Zip

Country

Zip

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**Name **CORPORATION SERVICE COMPANY**

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

**1201 HAYS STREET**

City

**TALLAHASSEE****FL**Zip Code  
**32301**

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 reinstating)

DATE

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

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	GINN, ROBERT M	
STREET ADDRESS	9860 GIDLEY ST.	
CITY-ST-ZIP	EL MONTE CA 90067	

TITLE	P	<input type="checkbox"/> Delete
NAME	MARKOWITZ, WILLIAM J	
STREET ADDRESS	1925 CENTURY PARK E #810	
CITY-ST-ZIP	LOS ANGELES CA 90067	

TITLE	VT	<input type="checkbox"/> Delete
NAME	WOLK, MALCOLM H	
STREET ADDRESS	9860 GIDLEY ST	
CITY-ST-ZIP	EL MONTE CA	

TITLE	V	<input type="checkbox"/> Delete
NAME	FOURTIQ, MICHEAL J JR	
STREET ADDRESS	9860 GIDLEY ST	
CITY-ST-ZIP	EL MONTE CA	

TITLE	V	<input type="checkbox"/> Delete
NAME	TARNAY, MATT	
STREET ADDRESS	9860 GIDLEY ST.	
CITY-ST-ZIP	EL MONTE CA	

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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOWITZ, WILLIAM J	
STREET ADDRESS	9860 GIDLEY ST.	
CITY-ST-ZIP	EL MONTE, CA 91731	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAFF, FRANK	
STREET ADDRESS	9860 GIDLEY ST.	
CITY-ST-ZIP	EL MONTE, CA 91731	

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:***MALCOLM WOLK*  
**MALCOLM WOLK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

(626)443-8971

Daytime Phone #