

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90164 017 \*\*\*150.00

**DOCUMENT # F98000003223**

1. Entity Name  
**C F BROKERAGE, INC.**

Principal Place of Business <b>1270 PINE ISLAND RD          PLANTATION FL 33324</b>	Mailing Address <b>1980 POST OAK BLVD #1600          SUITE 1600          HOUSTON TX 77056</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**76-0572549**

Applied For  
 Not Applicable

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**

**DOWNEY, STUART D  
 C/O PATRINELY GROUP, LLC  
 1270 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PATRINELY, DEAN 200 WEST LAKE BOULEVARD, SUITE 700 HOUSTON TX 77079</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1980 POST OAK BLVD #1600 HOUSTON TX 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD O'DONNELL, LEONARD J 4800 HAMPDEN LANE, SUITE 920 BETHESDA MD 20814</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7475 WISCONSIN AVE #1100 BETHESDA MD 20814</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NICHOLLS, MICHAEL E 200 WEST LAKE BOULEVARD, SUITE 700 HOUSTON TX 77079</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1980 POST OAK BLVD #1600 HOUSTON, TX 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DOWNEY, STUART D 5900 N. ANDREWS AVE., SUITE 627 FT. LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1270 PINE ISLAND DR PLANTATION, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: [Signature] Date: 2/2/02 Daytime Phone #: 7138402701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

001125

CR2E034 (9/01)