

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 1270 PINE ISLAND RD PLANTATION FL 33324	Mailing Address 1980 POST OAK BLVD #1600 SUITE 1600 HOUSTON TX 77056
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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 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.

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	PD	<input type="checkbox"/> Delete
NAME	PATRINELY, DEAN	
STREET ADDRESS	200 WEST LAKE BOULEVARD, SUITE 700	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'DONNELL, LEONARD J	
STREET ADDRESS	4800 HAMPDEN LANE, SUITE 920	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICHOLLS, MICHAEL E	
STREET ADDRESS	200 WEST LAKE BOULEVARD, SUITE 700	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOWNEY, STUART D	
STREET ADDRESS	5900 N. ANDREWS AVE., SUITE 627	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1980 POST OAK BLVD #1600	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7475 WISCONSIN AVE #1100	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1980 POST OAK BLVD #1600	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1270 PINE ISLAND DR	
CITY-ST-ZIP	PLANTATION, FL 33324	
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 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: 2/21/02 Daytime Phone #: 7138402701

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CR2E034 (9/01)