

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90098 006 \*\*\*150.00

0319647 AV

**DOCUMENT # F99000002584**

1. Entity Name:

**BROOKSHIRE HOLDINGS, INC.**

Principal Place of Business

**5950 W. OAKLAND PARK BLVD., SUITE 300  
 FT. LAUDERDALE FL 33313**

Mailing Address

**5950 W. OAKLAND PARK BLVD., SUITE 300  
 FT. LAUDERDALE FL 33313**

2. Principal Place of Business

**600 N. Pine Island Rd**

3. Mailing Address

**600 N. Pine Island Rd**

Suite, Apt. #, etc.

**STE 450**

Suite, Apt. #, etc.

**Ste 450**

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale FL**

Zip

**33324**

Country

Zip

**33324**

Country

4. FEI Number

**65-0704057**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GOLDBERG, SHELDON**

**5950 W. OAKLAND PARK BLVD., SUITE 300**

**FT. LAUDERDALE FL 33313**

7. Name and Address of New Registered Agent

Name

**Timothy B. Ruggiero**

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

**600 N. Pine Island Rd**

**STE 450**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33324**

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

**Timothy B. Ruggiero Pres/Sec/Treas**

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**1/9/02**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RUGGIERO, TIMOTHY B</b>	
STREET ADDRESS	<b>9540 NW 10TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOLDBERG, SHELDON</b>	
STREET ADDRESS	<b>924 SAVANNAH FALLS DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
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	<b>TS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Timothy B. Ruggiero</b>	
STREET ADDRESS	<b>9540 NW 10TH ST</b>	
CITY-ST-ZIP	<b>Plantation, FL 33322</b>	
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		<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:

**Timothy B. Ruggiero Pres/Sec/Treas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/9/02 954-717-1995**

0319647 CR2E034 (9/01)