FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90064 022 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

B0050179

DOCUMENT # G22339

1. Entity Name
SOUTHBROOK METALS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% JACK FEINSTEIN 3500 MYSTIC POINTE DRIVE, APT 2908 MIAMI FL 33180-2585 US	% JACK FEINSTEIN 3500 MYSTIC POINTE DRIVE, APT 2908 MIAMI FL 33180-2585 US

2. Principal Place of Business

Suite, Apt. #, etc.
~~HONEY~~ & JACK FEINSTEIN 2908

City & State
Mystic Point Tower 400
3500 Mystic Point Drive
Aventura, Florida 33180

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2290179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, JACK
3500 MYSTIC POINT DRIVE
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

SAME

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, 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	PT FEINSTEIN, JACK 3500 MYSTIC POINT DR NO.MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS FEINSTEIN, HONEY 3500 MYSTIC POINT DR NO.MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLERMO, ARTHUR 5400 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Jack Feinstein SIGNATURE REQUIRED 1/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #