

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 08, 2001 08:00 AM
Secretary of State

DOCUMENT # H38788

1. Entity Name
BROOKS INDUSTRIES, INC.

Principal Place of Business 671 NE 195 ST. #410 N. MIAMI 33179 US	FL	Mailing Address P. O. BOX 2487 HALLANDALE 33008 US	FL
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2. Principal Place of Business 671 NE 195 ST.	3. Mailing Address P. O. BOX 2487
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Suite, Apt. #, etc. #410	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State HALLANDALE B FL
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Zip 33179	Country US	Zip 33008	Country US
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4. FEI Number 59-2496316	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROOKS ROBERT
 671 NE 195 ST.
 #410
 N. MIAMI BCH. FL
 33179 US

7. Name and Address of New Registered Agent

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 **01/08/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	SVT BROOKS, ROBERT <input type="checkbox"/> Delete 671 NE 195 ST, #410 N MIAMI BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, ROBERT <input type="checkbox"/> Delete 671 NE 195 ST., #410 N. MIAMI BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT BROOKS, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 671 NE 195 ST, #410 MIAMI FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 671 NE 195 ST., #410 MIAMI FL 33179
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Robert Brooks **Pres** 01/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)