

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91646

1. Entity Name

ALBERT BROOKS INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90096 019 \*\*\*150.00

Principal Place of Business

Mailing Address

6361 E. 3 AVE.  
HIALEAH FL 33013

6361 E. 3 AVE.  
HIALEAH FL 33013-1046

2. Principal Place of Business

3. Mailing Address

201 E. 64<sup>TH</sup> ST

201 E. 64<sup>TH</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

59-2842817

Applied For

Not Applicable

Zip

33013

Country

U.S.A.

Zip

33013

Country

U.S.A.

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

BROOKS, ALBERT  
6361 E. 3 AVE.  
HIALEAH FL 33013

Name: BROOKS, ALBERT  
Street Address (P.O. Box Number Not Acceptable): 201 E. 64<sup>TH</sup> ST  
City: HIALEAH FL Zip Code: 33013

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

*Albert Brooks*

ALBERT BROOKS

4/23/00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	BROOKS, ALBERT JR.	
STREET ADDRESS	6361 E. 3 AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BROOKS, THERESA	
STREET ADDRESS	6361 E. 3 AVE.	
CITY-ST-ZIP	HIALEAH FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, ALBERT JR.	
STREET ADDRESS	201 E 64 <sup>TH</sup> ST	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, THERESA	
STREET ADDRESS	201 E 64 <sup>TH</sup> ST	
CITY-ST-ZIP	HIALEAH, FL 33013	
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:

*Albert Brooks* ALBERT BROOKS

4/23/00

(305) 823-6214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)