

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **L99/2594**

1. Entity Name

**ROBERT K. BROOKS, PLC**

00 JUN 12 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**BOCA CORPORATE CENTER  
2101 CORPORATE BLVD.  
SUITE 415  
BOCA RATON, FL. 33431**

**SAME**

2. Principal Place of Business

3. Mailing Address

**2101 CORPORATE BLVD.  
Suite, Apt. #, etc.  
SUITE #415**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**BOCA RATON, FLORIDA**

**SAME**

4. FEI Number

Applied For

**05-0916782**

Not Applicable

Zip

Country

Zip

Country

**33431**

**USA**

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT K. BROOKS  
BOCA CORPORATE CENTER  
2101 CORPORATE BLVD. SUITE #415  
BOCA RATON, FL. 33431**

Name

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

City

**FL**

Zip Code

8. The above named entity admits 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

(None Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**6-4-2000**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT**  Delete  
NAME **ROBERT K. BROOKS**  
STREET ADDRESS **2101 CORPORATE BLVD SUITE 415**  
CITY-ST-ZIP **BOCA RATON, FL. 33431**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**100003236651 - Addition  
-06/20/00--01041--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*[Handwritten Signature]*

Date

**6-4-2000**

Daytime Phone #

**561-981-8420**

CR2E083 (11/99)