

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002594**

1. Entity Name
ROBERT K. BROOKS, PLC

Principal Place of Business
**2101 CORPORATE BLVD., SUITE 415
BOCA RATON FL 33431**

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

FILED

2001 MAY-9 PM 12:18

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Wp
210 Camino Gardens Blvd, 210
Suite, Apt. #, etc. *Same*

3. Mailing Address
Same
210
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33042

Country
USA

4. FEI Number **65-0916782**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, ROBERT K
BOCA CORPORATE CENTER
1201 CORPORATE CENTER BLVD., SUITE 415
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name *Same*

Street Address (P.O. Box Number is Not Acceptable)
**370 W. Camino Gardens Blvd,
Ste. 210**

City **Boca Raton** FL Zip Code **33042**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3-18-2001**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGR / President			
	BROOKS, ROBERT K			
	3991 COCOPLUM CIRCLE			
	COCONUT CREEK FL 33063			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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*******50.00 *****50.00**

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert K Brooks
3-18-2001 861-368-928