## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 06, 2001 08:00 AM L99000008657 DOCUMENT # 1. Entity Name **Secretary of State** BROSIS ENTERPRISES, LLC Principal Place of Business Mailing Address 1615 COVE LAKE RD. 1615 COVE LAKE RD. N. LAUDERDALE N. LAUDERDALE FL 33068 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0967006 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL33134 US 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. 04/06/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE MGR X Change ☐ Addition NAME BUSH CATHERINE A NAME BUSH CATHERINE A STREET ADDRESS 10749 NORTHWEST 40 STREET STREET ADDRESS 1615 COVE LAKE ROAD CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP N. LAUDERDALE $\mathbf{FL}$ 33068 MGR ☐ Delete TITLE MGR X Change ☐ Addition ADAM MICHAEL NAME ADAM MICHAEL STREET ADDRESS 10749 NORTHWEST 40 STREET STREET ADDRESS 1615 COVE LAKE ROAD CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP N. LAUDERDALE FL33068 TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Catherine A.Bush 04/06/2001

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

CR2E083 (11/00)

Daytime Phone #