FILED
Jun 21, 2000 8:00 am
Secretary of State
05-11-2000 90263 038 ***150.00

MAY-31-2000 09:14 AM HAINES & BROWN INC 305

2000 UNIFORM BUSINESS REPORT (UBR)

5/11/(

104276

DOCUMENT # L99563

Entity Name

Haines & Brown, Inc.

1. Principal Place of Business — Mailing Address

13899 Biscayne Blvd, Suite 110
Miami, FL 33181

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0216300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Shapiro, Ira R.
13899 Biscayne Blvd, Suite 104
Miami, FL 33181

7. Name and Address of New Registered Agent

Name Barbara J. Dykes
Street Address (P.O. Box Number is Not Acceptable)
c/o IMDS, Inc
2200 N.W. 32nd St, Ste 700
City Pompano Beach FL Zip Code 33069

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 Barbara J. Dykes 6-11-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

P&T
William Haines ☐ Delete
2200 N.W. 32nd St, Ste 700
Pompano Beach, FL 33069

VPS
Douglas R. Brown ☐ Delete
1021 N. Bay Rd #408
N. Miami Beach, FL 33160

☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: William Haines 4/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #