FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90145 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99563

1. Entity Name
Haines & Brown, Inc.

DO NOT WRITE IN THIS SPACE

648147

2. Principal Place of Business	3. Mailing Address
13899 Biscayne Blvd	13899 Biscayne Blvd
Suite, Apt. #, etc.: Suite 110	Suite, Apt. #, etc.: Suite 110
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33181 Country: USA	Zip: 33181 Country: USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Barbara J. Dykes
Street Address (P.O. Box Number is Not Acceptable): 2200 N.W. 32nd St, Suite 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 ______________________________
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	VPS	TITLE	
NAME	Brown, Douglas R.	NAME	
STREET ADDRESS	17021 N. Bay Rd. #408	STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach, FL	CITY-ST-ZIP	
TITLE	PCT	TITLE	
NAME	Haines, William	NAME	
STREET ADDRESS	4007 Coco plum Circle	STREET ADDRESS	
CITY-ST-ZIP	Coconut Creek, FL	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William Haines Pres. 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #