## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M49661** Feb 28, 2000 8:00 am 1. Entity Name Secretary of State BROWARD INDUSTRIAL REALTY, INC. 02-28-2000 90016 045 \*\*\*150.00 Mailing Address Principal Place of Business 1300 S.E. 17TH STREET, SUITE 220 1300 S E 17TH ST SUITE **SUITE 210** SUITE 210 FT. LAUDERDALE FL 33316-1721 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0002538 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, ANDREW L. Street Address (P.O. Box Number is Not Acceptable) 1300 SE 17TH ST. **SUITE 210** FT. LAUDERDALE FL 33316-8710 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) .FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible ... 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition De'ete TITLE TITLE MARTIN, ANDREW L. NAME NAME STREET ADDRESS 1300 SE 17TH ST 210 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Addition De'ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of

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SIGNATURE:

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CITY-ST-ZIP

TITLÉ

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition