

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

0032812

**DOCUMENT # N12572**

1. Entity Name

**MIAMI LAKES COMMERCE PARK-SECTION NINE OWNERS' A**

02-28-2001 90003 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**% LEGAL DEPARTMENT  
 7900 MIAMI LAKES DRIVE WEST  
 MIAMI LAKES FL 33016-5812**

**% LEGAL DEPARTMENT  
 7900 MIAMI LAKES DRIVE WEST  
 MIAMI LAKES FL 33016-5312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0030482**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAFMAN, HOWARD J.  
 7900 MIAMI LKS DR. W.  
 MIAMI LAKES FL 33016-2897**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	BRAFMAN, HOWARD J.	7900 MIAMI LKS DR. W.	MIAMI LAKES FL	<input type="checkbox"/>
DV	FIRLONG, PAMELA	305 ROYAL POINCIANA PLAZA	PALM BEACH FL	<input type="checkbox"/>
SD	HERRMANN, JEFFRIE A	15255 N.W. 82 AVENUE	MIAMI LAKES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 HOWARD J. BRAFMAN, DIRECTOR

02/28/01

(305) 364-4213

CR2E037 (10/00)