

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90094 015 \*\*\*\*61.25

**DOCUMENT # N12572**

1. Entity Name

**MIAMI LAKES COMMERCE PARK-SECTION NINE OWNERS' ASSOCIATION, INC.**

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 33016-5812**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0030482**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	BRAFMAN, HOWARD J.	7900 MIAMI LKS DR. W.	MIAMI LAKES FL				
DV	FIRLONG, PAMELA	305 ROYAL POINCIANA PLAZA	PALM BEACH FL				
SD	HERRMANN, JEFFRIE A	15255 N.W. 82 AVENUE	MIAMI LAKES FL				
				D	BRAUN, STEPHEN	7900 MIAMI LAKES DRIVE WEST	MIAMI LAKES, FL 33016

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*

02/20/2002

305-820-3977

CR2E037 (9/01)