

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2001 90124 042 *****70.00

DOCUMENT # N98000003751

1. Entity Name

E & Y BRINSON MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~1845 NW 38 AVE~~
~~LAUDERHILL FL 33311~~

2800 W. Prospect Rd.
Fort Lauderdale, FL 33309

~~1845 NW 38 AVE~~
~~LAUDERHILL FL 33311~~

2. Principal Place of Business

2800 W. Prospect Rd.
 Suite, Apt. #, etc.

3. Mailing Address

2800 W. Prospect Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0851018

Applied For

Not Applicable

Zip
33309

Country

USA

Zip
33309

Country

USA

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

6. Name and Address of Current Registered Agent

BRINSON, EDWARD G
1845 NW 38 AVE
LAUDERHILL FL 33311

7. Name and Address of New Registered Agent

Name **BRINSON, EDWARD G**
 Street Address (P.O. Box Number is Not Acceptable)
2800 W. Prospect Rd
 City **Fort Lauderdale** FL Zip Code **33309**

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	D BRINSON, EDWARD G 12699 CLASSIC DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, YVETTE M 12699 CLASSIC DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, LASHAON 5770 LAKESIDE DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

Edward Brinson (EDWARD BRINSON)

02/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)