## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P0000015030 M&G BROWN IMPORTS, INC. 04-09-2001 90048 002 \*\*\*150.00 Principal Place of Business Mailing Address 2871 N. OCEAN BLVD., APT. 502 2871 N. OCEAN BLVD., APT. 502 **BOCA RATON FL 33431 BOCA RATON FL 33431** C0043199 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable → Zip 🌣⊶∞κ:\* Zip---Country - · · · · Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLISON, DONALD M Street Address (P.O. Box Number is Not Acceptable) 1515 S. FEDERAL HWY., SUITE 300 **BOCA RATON FL 33432** Zip Code FL 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 -- 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE Change BROWN, MATTHEW NAME NAME STREET ADDRESS 2871 N. OCEAN BLVD., APT. 502 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE ☐ Change ☐ Addition Delete NAME **BROWN. GINA** NAME STREET ADDRESS 2871 N. OCEAN BLVD., APT. 502 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME BROWN DONALD STREET ADDRESS 2:871=N-0CEAN-BLUD-#502= STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP RATON FL 33+3 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR