

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041222

1. Entity Name
BROWNING CARPENTREE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 AM 8:00

Principal Place of Business Mailing Address
19841 SOUTHWEST 101ST COURT 19841 SOUTHWEST 101ST COURT
MIAMI FL 33157 MIAMI FL 33157



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT

4. FEI Number ☒ Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name: NANCY NEUBAUER
Street Address (P.O. Box Number is Not Acceptable)
333 N.E. 8th STREET
City: Homestead FL FL Zip Code: 33030

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] DATE: 10/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: BROWNING, MICHAEL
STREET ADDRESS: 19841 SOUTHWEST 101ST COURT
CITY-ST-ZIP: MIAMI FL 33157 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 400004713634--2
STREET ADDRESS: -12/07/01--01004--015
CITY-ST-ZIP: ****200.00 ****200.00

TITLE: Secretary/Treasurer
NAME: Barbara Brock
STREET ADDRESS: 19841 SW 101 Ct
CITY-ST-ZIP: MIAMI FL 33157 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 400004713634--2
STREET ADDRESS: -12/07/01--01004--016
CITY-ST-ZIP: ****550.00 ****550.00

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/01 305-710-2131
Date Daytime Phone #

0047678 AV

CR2E034 (5/01)