

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059120

1. Entity Name

THE BROOKS ACQUISITION GROUP, INC.

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90295 044 ***150.00

Principal Place of Business

500 AUSTRALIAN AVENUE #700
WEST PALM BEACH FL 33401

Mailing Address

500 AUSTRALIAN AVENUE #700
WEST PALM BEACH FL 33401

LU04J001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4731 West Atlantic Ave.

Suite, Apt. #, etc.

#B-10

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Address

4731 West Atlantic Ave.

Suite, Apt. #, etc.

#B-10

City & State

Delray Beach, FL

Zip

33445

Country

USA

4. FEI Number

65-1015515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECARLO, THOMAS D
500 AUSTRALIAN AVENUE #700
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Luigi Damasceno

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

4731 West Atlantic Ave.

#B-10

City

Delray Beach

FL

Zip Code

33445

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

Luigi Damasceno

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS DECARLO, THOMAS D
CITY-ST-ZIP 500 AUSTRALIAN AVENUE #700
WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME President, Chairman
STREET ADDRESS Luigi Damasceno
CITY-ST-ZIP 10430 Nancy Dr.
Meadville, PA 16335

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

2/14/01 561-865-3800
Date Daytime Phone #

CR2E034 (10/00)