2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

4731 WEST ATLANTIC AVE

DELRAY BEACH FL 33445

P00000059120

Mailing Address

4731 WEST ATLANTIC AVE

DELRAY BEACH FL 33445

1. Entity Name

#B-10

THE BROOKS GROUP, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90170 045 ***150.00

2. Principal Pla	pal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State City & State			9		4. FI	. FEI Number 65-1015515			oplied For ot Applicable	
Zip	Country	Zip	Co	untry	5. C	ertificate of Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent					
	year and and an arrange of the same		مرسید: - <u>ب</u>	Name ·	- <u> </u>	The second section of the sect		-		
DAMASCENO, LUIGI				(D.O. Hard Law (D.O. Daw All with as in Mat Appoints (D.O.						
			Street Address (P.O. Box Number is Not Acceptable)							
4731 WEST ATLANTIC AVE.										
#B-10				<u> </u>		 		Zip Cod	<u></u>	
DELRAY B	EACH FL 33445			City			F	L Zip Coo	76	
• The choice	named entity submits this stateme	nt for the purpose of cha	anging its regist	tered office or re	gistered age	ent, or both, in the State of Flor	ida. Lan	n familiar with	, and accept	
the obligati	ons of registered agent.	introl the purpose of one	11gii ig 10 10gio							
., g	,									
SIGNATURE	Signature, typed or printed name of registered	goot and title if applicable	(NOTE: Regis	tered Agent signature	required when rei	nstaling)	DATE			
	Signature, typed or printed riarie or registered is	agent and the # applicable.	(13121113		'					
	LE NOW!!! FEE IS \$150.00	İ				9. Election Campaign Fina	ancing		00 May Be	
After	May 1, 2003 Fee will be \$550	.00				Trust Fund Contribution	۱.	∐ Adde	d to Fees	
Make Check	Payable to Florida Departme					OFFI	OFDC AL	ID DIRECTOR	DC INI 11	
10.	OFFICERS /	AND DIRECTORS	1	11.	AD	DITIONS/CHANGES TO OFFI	CERS AI			
TITLE	PCH	□ b	0.000	TITLE				☐ Change	Addition	
NAME	DAMASCENO, LUIGI			NAME						
STREET ADDRESS	10430 NANCY DR.			STREET ADDRESS					ļ	
CITY-ST-ZIP	MEADVILLE PA 16335			CITY-ST-ZIP				☐ Change	Addition	
TITLE				TITLE					Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP		.		Change	☐ Addition	
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STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP						
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STREET ADDRESS	ļ			STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP						 		☐ Change	Addition	
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NAME				NAME STREET ADDRESS						
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NAME				NAME STREET ADDRESS						
STREET ADDRESS			l l	CITY-ST-ZIP						
CITY-ST-ZIP	1			51.1. 51 Ell						

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03 56

561-865-3800

Daytime Phone #

32F034 (10/02)