FILED
Jun 16, 2002 8:00 am
Secretary of State
05-13-2002 90155 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073170

1. Entity Name
PARKS + BRAXTON, P.A.

DO NOT WRITE IN THIS SPACE

92933

2. Principal Place of Business	3. Mailing Address
1021 IVES DAIRY RD	% R. PARKS - 19 RAVINE ROAD
Suite, Apt. #, etc. SUITE 218	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State GREAT NECK NY
Zip 33179 Country U.S.A.	Zip 11023 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3742040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name MICHAEL BRAXTON
Street Address (P.O. Box Number is Not Acceptable) 1717 ROYAL GROVE WAY
1717D
City WESTON FL Zip Code 33327

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 X A.R.P [signature] ×6/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	ANDREW R. PARKS	NAME	
STREET ADDRESS	955 AZURE LANE	STREET ADDRESS	
CITY - ST - ZIP	WESTON FLORIDA 33326	CITY - ST - ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	MICHAEL S. BRAXTON	NAME	
STREET ADDRESS	1717 ROYAL GROVE WAY	STREET ADDRESS	
CITY - ST - ZIP	WESTON FLORIDA 33327	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-23-2002 305-655-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1