2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on a

SIGNATURE:

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May 22, 2002 8:00 am Secretary of State P00000075049 **DOCUMENT #** 1. Entity Name J.L. BROWN DEVELOPMENT CORPORATION 05-22-2002 90129 042 ***158.75 Principal Place of Business Mailing Address 11434 SW 148 STREET 11434 SW 148 STREET MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1053849 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---- 6. Name and Address of Current Registered Agent BROWN, JAMES L SR Street Address (P.O. Box Number is Not Acceptable) 11434 SW 148 STREET MIAM! FL 33176 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition CR2E034 (9/01 ☐ Change TITI F TITLE Delete BROWN, JAMES L SR NAME NAME 11434 SW 148 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33176** CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE VSD NAME BROWN, TERESA R NAME STREET ADDRESS STREET ADDRESS 11434 SW 148 STREET CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition Change TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED