

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097938

1. Entity Name  
**EARL R. BROWN, INC.**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90368 045 \*\*\*150.00

Principal Place of Business  
**3900 NW 79 AVE STE 326**  
**MIAMI FL 33166**

Mailing Address  
**3900 NW 79 AVE STE 326**  
**MIAMI FL 33166**

2. Principal Place of Business  
**721 S.W. 79 Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**721 S.W. 79 Ave**  
Suite, Apt. #, etc.

City & State  
**North Lauderdale FL.**  
Zip  
**33068** Country

City & State  
**North Lauderdale FL.**  
Zip  
**33068** Country

4. FEI Number  
**65-1047537**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CERRO, RAQUEL R**  
**3900 NW 79 AVE STE 326**  
**MIAMI FL 33166**

## 7. Name and Address of New Registered Agent

Name  
**Earl Raymond Brown**

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

**721 S.W. 79 Ave**

City  
**North Lauderdale**

**FL**

Zip Code  
**33068**

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  **EARL R. BROWN**

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) ☐

**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  
**D** ☒ Delete  
NAME  
**CERRO, RAQUEL**  
STREET ADDRESS  
**3900 NW 79 AVE STE 326**  
CITY-ST-ZIP  
**MIAMI FL 33166**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P.** ☒ Change ☐ Addition  
NAME  
**Earl Raymond Brown**  
STREET ADDRESS  
**721 S.W. 79 Ave**  
CITY-ST-ZIP  
**North Lauderdale, FL. 33068**

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:  **EARL R. BROWN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)