

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90120 001 17,550.00

DOCUMENT # P01000002351

1. Entity Name

BROOKLINE SERVICES, INC.

Principal Place of Business

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Mailing Address

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

2. Principal Place of Business

1840 Southwest 22 Street

Suite, Apt. #, etc.

4th Floor

City & State

Miami, Florida

Zip

33145

Country

3. Mailing Address

1840 Southwest 22 Street

Suite, Apt. #, etc.

4th Floor

City & State

Miami, Florida

Zip

33145

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Spiegel & Utrera, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera, Vice-President

DATE

4/29/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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 **Sanchez, Elsie**
 STREET ADDRESS **1840 Southwest 22 Street, 4th Floor**
 CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

Elsie Sanchez

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)