

FOR PROFIT CORPORATION  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90060 047 \*\*\*150.00

DOCUMENT # **PO1 000103641**

1. Entity Name

**Breckenridge Brokerage, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9405 SW 136 Street**

3. Mailing Address

**9405 SW 136 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number

**59-3754228**

Applied For  
 Not Applicable

Zip  
**33176**

Country  
**USA**

Zip  
**33176**

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

7. Name and Address of Current Registered Agent

Name  
**Christine Breckenridge**

Address (P.O. Box Number is not acceptable)  
**9405 SW 136 Street**

City  
**Miami**

State  
**FL**

Zip  
**33176**

**DO NOT WRITE  
 IN THIS SPACE**

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 date of approval.

(NOTE: Registered Agent signature required when reappointing)

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 **\$81.25**  
 Make Check Payable to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP
President	Christine Breckenridge	9405 SW 136 Street	Miami	FL	33176
Treasurer	William Breckenridge	9405 SW 136 Street	Miami	FL	33176

**DO NOT WRITE  
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*C. Breckenridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR