

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116130

1. Entity Name

Brooks Security, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8000 NW 53rd Terr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Julie Anthony

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

8000 NW 53rd Terr.

Suite 220

City

Miami

FL

Zip Code

33166

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

Julie Anthony

Julie Anthony

10/25/02

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u> <u>Julie Anthony</u> <u>8000 NW 53rd Terr. # 220</u> <u>Miami FL 33166</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Julie Anthony

Julie Anthony

Date

Daytime Phone #

10-25-02

(205) 477-2017

CR2E034B (12/01)

20 11/5/02

BROOKS SECURITY

October 25, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Reinstatement Section

Dear Sirs/Madam:

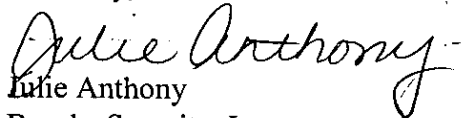
I have noticed that my corporation, Brooks Security, Inc. has been dissolved for failure to file the Annual Business Report. I have not received any paperwork regarding the status of our corporation.

Please note that we have moved to a new location. The correct address is as follows:

8600 NW 53rd Terrace, Suite 220
Miami, Florida 33166

If there are any questions, please feel free to contact me at (305) 477-2017.

Sincerely,



Julie Anthony
Brooks Security, Inc.