

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116130

1. Entity Name  
BROOKS SECURITY, INC.



Principal Place of Business  
8600 NW 53RD TERR  
SUITE 220  
MIAMI FL 33166

Mailing Address  
8600 NW 53RD TERR  
SUITE 220  
MIAMI FL 33166

2. Principal Place of Business  
1150 NW 72nd Ave.  
Suite, Apt. #, etc.  
Suite 750

3. Mailing Address  
PO BOX 669023  
Suite, Apt. #, etc.

City & State  
Miami FL  
Zip 33126 Country USA

City & State  
Miami FL  
Zip 33166 Country USA

4. FEI Number  
65-1156300

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

ANTHONY, JULIE  
8600 NW 53RD TERR  
SUITE 220  
MIAMI FL 33166

## 7. Name and Address of New Registered Agent

Name Julie Anthony  
Street Address (P.O. Box Number is Not Acceptable)  
1150 NW 72nd Ave  
Suite 750  
City Miami FL Zip Code 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julie Anne Anthony Julie Anthony  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-2-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ANTHONY, JULIE  
STREET ADDRESS 8600 NW 53RD TERR  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition  
NAME Julie Anthony  
STREET ADDRESS 1150 NW 72nd Ave, # 750  
CITY-ST-ZIP Miami FL 33126

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Anne Anthony Julie Anthony 4-2-03 (305-477-207)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90073 004 \*\*\*150.00



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CR2E034 (10/02)