

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016959

1. Entity Name

BROOKS FINANCIAL CORPORATION

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90115 010 ***150.00

Principal Place of Business

1550 MADRUGA AVENUE
SUITE 319
CORAL GABLES FL 33146

Mailing Address

1550 MADRUGA AVENUE
SUITE 319
CORAL GABLES FL 33146-3071

2. Principal Place of Business

718 Malaga Ave
Suite, Apt. #, etc.

3. Mailing Address

718 Malaga Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FLA

City & State

Coral Gables, FLA

4. FEI Number

65-0642141

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURTZ, E. BROOKS
1550 MADRUGA AVENUE
SUITE 319
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name KURTZ, E. BROOKS

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

718 Malaga Ave

City Coral Gables

FL

Zip Code 33134

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

E. Brooks Kurtz, E. Brooks KURTZ, President

4/10/00

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, 2000 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 KURTZ, E. BROOKS
STREET ADDRESS 1550 MADRUGA AVENUE, SUITE 319
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 718 Malaga Ave
CITY-ST-ZIP Coral Gables, FLA 33134

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

TITLE ☐ Change ☐ Addition
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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:

E. Brooks Kurtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

305-661-8007
K 306
Daytime Phone

CR2E034 (9/99)