

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041521

1. Entity Name

DARRIN BROWN & ASSOCIATES INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90128 009 \*\*\*150.00

Principal Place of Business

11590 N.W. 45TH STREET  
 CORAL SPRINGS FL 33065

Mailing Address

11590 N.W. 45TH STREET  
 CORAL SPRINGS FL 33323-3019

2. Principal Place of Business

3081 NW 123rd Ave

3. Mailing Address

3081 NW 123rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE

4. FEI Number

65-0755170

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33323

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CHARMAIN  
 11590 N.W. 45TH STREET  
 CORAL SPRINGS FL 33065

Name

CHARMAIN BROWN

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

3081 NW 123rd Ave

City

SUNRISE

FL

Zip Code  
 33323

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 CHARMAIN BROWN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  
 NAME BROWN, DARRIN  
 STREET ADDRESS 11590 N.W. 45TH STREET  
 CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE PCEO  
 NAME BROWN, DARRIN  
 STREET ADDRESS 3081 NW 123rd Ave  
 CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

Date

954-463-0085

Daytime Phone #

CR2E034 (9/99)