

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90080 004 ***150.00

DOCUMENT # **P97000058351**

1. Corporation Name

BROOKLAND GARDENS, INC.

Principal Place of Business

334 MINORCA AVE., SUITE 200
CORAL GABLES FL 33134

Mailing Address

334 MINORCA AVE., SUITE 200
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

65-0809969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

201 Alhambra Circle

2a. Mailing Address

201 Alhambra Circle

Suite, Apt. #, etc.

#503

Suite, Apt. #, etc.

#503

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip Country

33134 US

Zip Country

33134 US

9. Name and Address of Current Registered Agent

PERLIN, BRIAN C
334 MINORCA AVE., SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Brian C. Perlin

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

201 Alhambra Circle

83

Suite 503

84

City **Coral Gables**

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PERLIN, BRIAN C**
STREET ADDRESS **334 MINORCA AVE., SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☐ DELETE
NAME **TRONCOSO, GUILLERMO**
STREET ADDRESS **16001 W TROON CIR**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Brian C. Perlin**
1.3 STREET ADDRESS **201 Alhambra Circle, #503**
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO TRONCOSO

JAN 27-1999

Date

305-827-3625

Daytime Phone #

CR2E034 (11/98)