

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072254

1. Entity Name

BROKER STREET, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90024 027 ***150.00

Principal Place of Business

15031 SW 52ND LANE
 MIAMI FL 33185

Mailing Address

15031 SW 52ND LANE
 MIAMI FL 33186-1303

2. Principal Place of Business

210 SEAVIEW DRIVE

3. Mailing Address

210 SEAVIEW DR.

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

Key Biscayne, FLA

City & State

Key Biscayne, FLA

Zip

33149

Country

USA

Zip

33149

Country

USA

4. FEI Number

65-0782223

Applied For

Not Applicable

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

BUSTAMANTE, ERNESTO
 15031 SW 52ND LANE
 MIAMI FL 33185

Name

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

210 SEAVIEW DR. # 406

City

Key Biscayne

FL

Zip Code

33149

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BUSTAMANTE, ERNESTO L | |
| STREET ADDRESS | 15031 SW 52ND LANE | |
| CITY-ST-ZIP | MIAMI FL 33185 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BUSTAMANTE, CLAUDIA C | |
| STREET ADDRESS | 15031 SW 52ND LANE | |
| CITY-ST-ZIP | MIAMI FL 33185 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bustamante, Ernesto L | |
| STREET ADDRESS | 210 Seaview Dr. # 406 | |
| CITY-ST-ZIP | Key Biscayne, FL 33149 | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bustamante, Claudia C | |
| STREET ADDRESS | 210 Seaview Dr # 406 | |
| CITY-ST-ZIP | Key Biscayne, FL 33149 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)