

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000090942**

1. Entity Name

BROOKLINE FINANCIAL CORP.**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90025 009 ***158.75

Principal Place of Business

2780 SW 37 AVE STE 301
MIAMI FL 33133

Mailing Address

2780 SW 37 AVE STE 301
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0792374**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****KASSNER, HENRY**
2780 SW 37 AVE STE 301
MIAMI FL 33133**7. Name and Address of New Registered Agent**

Name

Oscar L. Valencia

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

2780 SW 37 AVE STE 301

City

Miami

FL

Zip Code

33133

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)

3/15/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **DS** ☒ Delete
NAME **KASSNER, HENRY**
STREET ADDRESS **2780 SW 37 AVE STE 301**
CITY-ST-ZIP **MIAMI FL 33133**TITLE **DP** ☐ Delete
NAME **VALENCIA, OSCAR L**
STREET ADDRESS **2780 SW 37 AVE STE 301**
CITY-ST-ZIP **MIAMI FL 33133**TITLE **T** ☐ Delete
NAME **JOHENNING, BARBARA A**
STREET ADDRESS **2780 SW 37TH AVE STE 301**
CITY-ST-ZIP **MIAMI FL 33133**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Change ☒ Addition
NAME **The Inter vivos Trust of Henry Kassner**
STREET ADDRESS **815 Ponce de Leon Blvd. #303**
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE **DPS** ☒ Change ☐ Addition
NAME **Oscar L. Valencia**
STREET ADDRESS **2780 SW 37 AVE #301**
CITY-ST-ZIP **Miami FL 33133**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

Date

3054434236

Daytime Phone #

CR2E034 (10/00)