2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 201 ALHAMBRA CIR

DOCUMENT # P98000034852

1. Entity Name

Principal Place of Business

BROOKMAN-FELS CONSTRUCTION MANAGEMENT, INC.

201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134		201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134-5108			1 10 10 10 10 10 10 10 10 10 10 10 10 10	na:na liu: nindi inidi	9)!) 0)(8) (90)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4. F	KN-INKUTUA		Applied For Not Applicable
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 A	
	6. Name and Address of Current F	legistered Agent		7. N	lame and Address of New Regis	tered Agent	
				Name			
	RIGAN, JUANITA I ALHAMBRA CIR	Street Addres		dress (P.O. B	ess (P.O. Box Number is Not Acceptable)		
12TH	I FLR						
COR	AL GABLES FL 33134		City			FL Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered age	ent, or both, in the State of Florida.		
	•						(
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E Registered Agent signature	required when re	einstating)	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 \$550.0 Make Check Payable to Department of S		0.00	10. Election Campaign Financi Trust Fund Contribution.		.00 May Be ed to Fees
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11
TITLE	PD	☐ Delete	TITLE			Change	e 🔲 Addition
NAME	FELS, JONATHAN		NAME				į
STREET ADDRESS CITY-ST-ZIP	201 ALHAMBRA CIR., 12TH FLR CORAL GABLES FL 33134		STREET ADDRESS CITY-ST-ZIP				J
TITLE	VD	Delete	TITLE		_	☐ Change	Addition
NAME	LEVY, MICHAEL		NAME				
STREET ADDRESS	201 ALHAMBRA CIR., 12TH FLR		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP			Change	Addition
TITLE NAME	VTD MCNAIRY, CHARLES L	Delete	TITLE NAME				
STREET ADDRESS	201 ALHAMBRA CIR., 12TH FLR		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE			☐ Change	Addition
NAME	GETMANY, DENNIS J		NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	201 ALHAMBRA CIR., 12TH FLR CORAL GABLES FL 33134		CITY-ST-ZIP				
TITLE	VSD	☐ Delete	TITLE			☐ Change	Addition
NAME	KERRIGAN, JUANITA I		NAME				
STREET ADDRESS	201 ALHAMBRA CIR., 12TH FLR		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	CORAL GABLES FL 33134	Пъщ				☐ Change	B ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME			Change	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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.

FILED

May 18, 2000 8:00 am Secretary of State

05-18-2000 90297 017 ***158.75