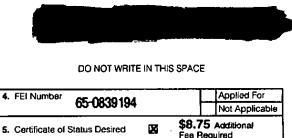
FILED Jun 06, 2002 8:00 am Secretary of State

06-06-2002 90085 047 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR) P98000034852 **DOCUMENT #** 1. Entity Name BROOKMAN-FELS CONSTRUCTION MANAGEMENT, INC. Principal Place of Business Mailing Address 201 ALHAMBRA CIR 201 ALHAMBRA CIR 12TH FUR 12TH FLR **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country



6. Name and Address of Current Registered Agent

Name

KERRIGAN, JUANTA I

201 ALHAMBRA CIR

12TH FLR

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

B. 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 spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		00 50.00	10. Election Campaign Financ Trust Fund Contribution.	oing \$5.0	O May Be to Fees
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD FELS, JONATHAN 201 ALHAMBRA CIR., 12TH FLR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 A	n, Dennis Ihambra Cir., 12t Gables, FL 33134		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVY, MICHAEL 201 ALHAMBRA CIR., 12TH FLR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	. Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCNAIRY, CHARLES L 201 ALHAMBRA CIR., 12TH FLR CORAL GABLES FL 33134	☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMANY, DENNIS J 201 ALHAMBRA CIR., 12TH FLR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KERRIGAN, JUANITA I 201 ALHAMBRA CIR., 12TH FLR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS 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: By: Scharture and Typed on Printing of Signature of Signatu

SR2E034 (9/01)