

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072535

1. Entity Name

**BROOKWOOD CAPITAL MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

**980 NORTH FEDERAL HIGHWAY #400  
BOCA RATON FL 33432**

**980 NORTH FEDERAL HIGHWAY #400  
BOCA RATON FL 33432-2704**

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

7. Name and Address of New Registered Agent

**COMPARATO, MICHAEL  
980 NORTH FEDERAL HIGHWAY #400  
BOCA RATON FL 33432**

Name

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

City

**FL**

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COMPARATO, MICHAEL</b> <b>980 NORTH FEDERAL HIGHWAY #400</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE: **MICHAEL COMPARATO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-3-00**

Date

**561-391-4040**

Daytime Phone #

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90005 012 \*\*\*150.00

00000100



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0857426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required