2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2002 8:00 am P98000080658 DOCUMENT # **Secretary of State** 1. Entity Name 02-26-2002 90056 050 ***150.00 O & G BROOKER ENTERPRISES, INC. Principal Place of Business Mailing Address 9301 NW 23RD AVENUE 9301 NW 23RD AVENUE MIAMI FL 33147 MIAM! FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0871237 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brooker. Ollie L Street Address (P.O. Box Number is Not Acceptable) 9301 NW 23RD AVENUE **MIAMI FL 33147** City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete BROOKER, OLLIE L NAME NAME STREET ADDRESS 9301 NW 23RD AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE BROOKER, GWENDOLYN B NAME NAME 9301 NW 23RD AVENUE__ STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change

☐ Addition

CR2E034 (9/01)