

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90049 023 \*\*\*150.00

**DOCUMENT # P99000020402**

1. Entity Name

**MAIDBROOK INC.**

Principal Place of Business

Mailing Address

2600 DOUGLAS ROAD  
 PENTHOUSE 6  
 CORAL GABLES FL 33134

2600 DOUGLAS ROAD  
 PENTHOUSE 6  
 CORAL GABLES FL 33134-6143

2. Principal Place of Business

3. Mailing Address

~~4000 Island Boulevard~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-0902339

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POTEL, STEPHEN  
 2600 DOUGLAS ROAD  
 PENTHOUSE 6  
 CORAL GABLES FL 33134

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POTEL, STEPHEN</b>	
STREET ADDRESS	<b>4000 ISLAND BLVD., APT. 2103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KING, RODNEY C</b>	
STREET ADDRESS	<b>15000 SOUTH SPUR DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POTEL, MICHELE J</b>	
STREET ADDRESS	<b>4000 ISLAND BLVD., APT. 2103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE: *Stephen Potel* **MR STEPHEN POTEL** 3/24/2000 305-692-8777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT**