

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90063 037 ***158.75

DOCUMENT # P990000 20402
 1. Entity Name* **MAIDBROOK INC** ✓

Principal Place of Business: 2,600 Douglas Rd, PH 6, Coral Gables, Miami, FL 33134
 Mailing Address: 2,600 Douglas Rd, PH 6, Coral Gables, Miami, FL 33134

2. Principal Place of Business: 15000 S. SPUR DR.
 Suite, Apt. #, etc.

3. Mailing Address: 15000 S. SPUR DR.
 Suite, Apt. #, etc.

City & State: MIAMI FL
 Zip: 33161 Country: USA

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 Zip: 33161 Country: USA

4. FEI Number: 65-0902339
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
STEPHEN POTEL
4000 ISLAND BLVD #2103
AVENTURA
FL 33160

7. Name and Address of New Registered Agent
 Name: RODNEY KING
 Street Address (P.O. Box Number is Not Acceptable): 15000 S. SPUR DR
 City: MIAMI FL Zip Code: 33161

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] VICE-PRESIDENT DATE: 11/15/00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$530.00
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

TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>STEPHEN POTEL</u>	
STREET ADDRESS	<u>15000 S. SPUR DR</u>	
CITY-ST-ZIP	<u>MIAMI FL 33161</u>	
TITLE	<u>VICE-PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>RODNEY KING</u>	
STREET ADDRESS	<u>15000 S. SPUR DR</u>	
CITY-ST-ZIP	<u>MIAMI FL 33161</u>	
TITLE	<u>REC-SECRETARY</u>	<input type="checkbox"/> Delete
NAME	<u>MICHELE POTEL</u>	
STREET ADDRESS	<u>15000 S. SPUR DR</u>	
CITY-ST-ZIP	<u>MIAMI FL 33161</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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: [Signature] PRESIDENT DATE: 11/15/00 (305) 354-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #