2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027035

1. Entity Name

THE BROWN LAW GROUP, P.A.

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90190 036 ***150.00

Principal Place of Business	Mailing Address
19043 NW 52ND COURT MIAMI FL 33055	19043 NW 52ND COURT MIAMI FL 33055-2390

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
555 NE 34 St	555 NE 34 St
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. 307
City & State Miami, FL	City & State Miami, FL
Zip 33137 Country USA	Zip 33137 Country USA

4. FEI Number 65-0908949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, VINCENT T ESQ.
19043 NW 52ND COURT
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name: Vincent T. Brown, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 555 NE 34 St, Ste. 307
City: Miami FL Zip Code 33137

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] 4-28-00
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	D BROWN, VICENT T 19043 NW 52ND COURT MIAMI FL 33055 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Vincent T Brown 555 NE 34 St #307 Miami FL 33137 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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
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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: SIGNATURE REQUIRED [signature] 4-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #