## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # \$53449** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** HUGHART H. BROWN, INC. 03-01-2000 90059 028 \*\*\*155.00 Principal Place of Business Mailing Address 6421 S.W. 63RD TERRACE 6421 S.W. 63RD TERRACE P.O. BOX 430656 P.O. BOX 430656 MIAMI FL 33243-0656 MIAMI FL 33243 しせいんしてんし 3. Mailing Address 2. Principal Place of Business 2240 N. SHERMAH CIRCLE 2240 N. SHERMAN CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT. # 407 APT. # 407 City & State City & State Applied For 4. FEI Number 65-0267703 FLORIDA Not Applicable MIRAMAR FLORIDA MIRAMAR, Country \$8.75 Additional Country 33025 5. Certificate of Status Desired 33025 U.S U.S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENTISH, V Street Address (P.O. Box Number is Not Acceptable) 8224 VILLAGE GREEN RD ORLANDO FL 32818 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible - 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change DPT ☐ Addition ☐ Delete TITLE TITLE BROWN, HUGHART H. NAME NAME 2240 N. SHERMAN CIRCLE # 404 STREET ADDRESS STREET ADDRESS 6421 SW 63RD TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** MIRAMAR, FL 33025 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2/PD-3 गारेष्ट स ☐ Change ☐ Addition ☐ Delete TITLE 5-11 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: GOFFICER OR DIRECTOR YPLESULAT)

changed, or on an attachment with an address, with all other like empowered.