2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N43427** Jan 18, 2000 8:00 am Secretary of State BROTHERS TO THE RESCUE, INC. 01-18-2000 90153 032 ****61.25 Mailing Address Principal Place of Business 4942 LEJEUNE RD SO P O BOX 430846 MIAMI FL 33243-0846 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address 145 Madeira Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 50:te Applied For City & State 4. FEI Number 65-0262771 oral Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BASULTO, JOSE 5790 SW 84 ST MIAMI FL 33143 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME SCHUSS, WILLIAM R. STREET ADDRESS STREET ADDRESS 1403 SW 20 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Change TITLE ☐ Delete PD NAME NAME **BASULTO, JOSE** STREET ADDRESS STREET ADDRESS 5790 SW 84 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ■ Addition TITLE SD ☐ Delete TITLE NAME NAME LARES. SUILLERMO STREET ADDRESS STREET ADDRESS 6319 NW 173RD TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NUNEZ, LEOPOLDO STREET ADDRESS STREET ADDRESS 8520 SW 72ND TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 truthee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PUIRED José J. Basilto 1/6/2000 (305)477-1868

with all other like empowered.

changed, or on an attach

SIGNATURE: