## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P97000036864 DOCUMENT #

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90174 020 \*\*\*150.00

CARRUTHER	s and others, inc	O.					100.00
Principal Place of 18475 SW 206TH ST MIAMI FL 33187		Mailing Address 18475 SW 206TH STREET MIAMI FL 33187					
2. Principal Place	of Business	3. Mailing Address	<del></del> -				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE N	= MAKING	CHANGES
City & State		City & State	City & State		4. FEI Number 65-0747829		Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate of Status Desired		\$8.75 Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARRUTHERS, BRYAN 18475 SW 206TH STREET MIAMI FL 33187				Street Address (P.O. Box Number is Not Acceptable)			
<b>海</b>				City		FL	Zip Code
8. The above name the obligations of	ed entity submits this stateme of registered agent.	ent for the purpose of changing its	registere	d office or registere	d agent, or both, in the State of Flori	da. I am fa	amiliar with, and accept
SIGNATURE							
Signatu	ure, typed or printed name of registered a	agent and title if applicable. (NOTE	: Registered	Agent signature required w	rhen reinstating)	DATE	
FILE I	NOW!!! FEE IS \$150.00						

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTO	RS						

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKS, KIMBERLY 18475 SW 206TH STREET MIAMI FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARRUTHERS, BRYAN 18475 SW 206TH STREET MIAMI FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	☐ Change ☐ Addition			

11,

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

□ Change

☐ Addition