

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90256 033 ***150.00

DOCUMENT # P00000055257

1. Entity Name
2 B'S ASSOCIATION, INC.

Principal Place of Business
**13921 N.W. 19 STREET
PEMBROKE PINES FL 33028**

Mailing Address
**13921 N.W. 19 STREET
PEMBROKE PINES FL 33028**

2. Principal Place of Business **6880 NW 44 Ct** 3. Mailing Address **6880 NW 44 Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lauderhill Florida

City & State
Lauderhill Florida

4. FEI Number **65-1021913**

Applied For
Not Applicable

Zip **33319** Country **Broward**

Zip **33319** Country **Broward**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALEBRANCHE, ERVE
13921 NW 19 STREET
PEMBROKE PINES FL 33028**

*Same Agent
different address.*

Name **Malebranche, Erve**

Street Address (P.O. Box Number is Not Acceptable)

6880 NW 44 court

City **Lauderhill**

FL

Zip Code **33319**

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]* President **Malebranche Erve**

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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, 2002 Fee will be \$350.00
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 **PD** ☐ Delete
NAME **MALEBRANCHE, ERVE**
STREET ADDRESS **13921 NW 19TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PD. Malebranche, Erve** ☒ Change ☐ Addition
NAME **Malebranche, Erve**
STREET ADDRESS **6880 NW 44 court**
CITY-ST-ZIP **Lauderhill FL 33319**

TITLE **D** ☐ Delete
NAME **MALEBRANCHE, BETHINA**
STREET ADDRESS **13921 NW 19TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D. Malebranche, Bethina** ☒ Change ☐ Addition
NAME **Malebranche, Bethina**
STREET ADDRESS **6880 NW 44 court**
CITY-ST-ZIP **Lauderhill FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malebranche Erve

Date

Daytime Phone #

4/10/02

954 7465043

CR2E034 (9/01)