4/1/0

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-01-2002 90028 001 ***150.00

DOCUMENT # F01000004721

1. Entity Name
BROTHERS RAILYARD CORPORATION

Principal Place of Business
2 ALHAMBRA PLAZA, SUITE 1280
CORAL GABLES FL 33134

Mailing Address
2 ALHAMBRA PLAZA, SUITE 1280
CORAL GABLES FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2701280 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | 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 _____
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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PCD	FULLER, VICTOR L	2 ALHAMBRA PLAZA, SUITE 1280	CORAL GABLES FL 33134	☐
VD	FULLER, STEPHEN M	2 ALHAMBRA PLAZA, SUITE 1280	CORAL GABLES FL 33134	☐
S	LUBAN, KENNETH A	31 OCEAN REEF DRIVE, SUITE C-300	KEY LARGO FL 33037	☐
V	RUNK, FRED J	ONE EAST FOURTH STREET	CINCINNATI OH 45202	☐
D	LINTZ, ROBERT C	ONE EAST FOURTH STREET	CINCINNATI OH 45202	☐
D	VANDERHAAR, DANIEL J	ONE EAST FOURTH STREET	CINCINNATI OH 45202	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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: X ~~SIGNATURE REQUIRED~~ 4/24/02 (305)285-1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VICTOR L. Fuller, President