

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H08886

1. Entity Name

TWO CB'S, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90057 013 ***150.00

Principal Place of Business

Mailing Address

C/O CAROLYN BRACKER
6831 SW 147 AVE #2E
MIAMI FL 33193

C/O CAROLYN BRACKER
6831 SW 147 AVE #2E
MIAMI FL 33193-1003

830938



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2428775

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRACKER, CAROLYN
6831 SW 147 AVE. 2E
MIAMI FL 33193

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS BRACKER, CAROLYN
CITY-ST-ZIP 10521 MAHOGANY KEY CIRCLE
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6831 SW 147 AVE # 2E
CITY-ST-ZIP MIAMI, FL 33193-1003

TITLE ☐ Delete
NAME ST
STREET ADDRESS LADEN, MAURI
CITY-ST-ZIP 10502 SW 137 PL
MIAMI FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TAYLOR, GAIL
CITY-ST-ZIP P.O. BOX 18284 N/A
SOUTH LAKE TAHOE CA 96151

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

Carolyn Bracker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000
Date

Daytime Phone #

CR2E034 (9/99)