2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # M11153 Jan 27, 2000 8:00 am Secretary of State 1. Entity Name BROTHERS & SON OF MIAMI CORPORATION 01-27-2000 90038 040 ***150.00 Mailing Address Principal Place of Business 1695 N.W. 119 ST. 1695 N.W. 119 ST. MIAMI FL 33167-3119 MIAMI FL 33167 MARTATOR 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2594497 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name **BRITO, ALBERTO** Street Address (P.O. Box Number is Not Acceptable) 1219 NE 115 STREET **NORTH MIAMI FL 33161** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PTD TITLE ☐ Change TITLE ☐ Delete **BRITO, ALBERTO** NAME NAME STREET ADDRESS 890 N.E. 109TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BISCAYNE PARK FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BRITO, ADALBERTO** NAME STREET ADDRESS 6395 WEST 8TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Addition Delete TITLE TITLE 44 444 PAIC NAME NAME A ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address, with all other like empowered.

Date

Daytime Phone #