

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90136 011 ****61.25

DOCUMENT # N02000007655

1. Entity Name

MY BROTHERS, INC.



Principal Place of Business

**991 NW 106TH AVE. CIR.
MIAMI FL 33172**

Mailing Address

**991 NW 106TH AVE. CIR.
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0119496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VELOZ, FABIAN R
991 NW 106TH AVE. CIR.
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **LUIS E. DOMINGUEZ**

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

10516 SW 74 LN

City

MIAMI, FL

FL

Zip Code

33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

3/17/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **VELOZ, FABIAN R**
STREET ADDRESS **991 NW 106TH AVE. CIR.**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **VD** ☐ Delete
NAME **VELOZ, MIRIAM**
STREET ADDRESS **991 NW 106TH AVE. CIR.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VD** ☒ Change ☐ Addition
NAME **MIRIAM VELOZ**
STREET ADDRESS **402 NW 87 AV.**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **STD** ☐ Delete
NAME **DOMINGUEZ, LUIS E**
STREET ADDRESS **991 NW 106TH AVE. CIR.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **STD** ☒ Change ☐ Addition
NAME **LUIS E. DOMINGUEZ**
STREET ADDRESS **10516 SW 74 LANE**
CITY-ST-ZIP **MIAMI, FL 33173**

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

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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED

3/17/03 (305)2742655

CR2E037 (10/02)