

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N43427**

1. Entity Name

**BROTHERS TO THE RESCUE, INC.**

Principal Place of Business

4942 LEJEUNE RD SO  
CORAL GABLES FL 33146  
US

Mailing Address

P O BOX 430846  
MIAMI FL 33243-0846  
US

2. Principal Place of Business

145 Madeira

Suite, Apt. #, etc.

Suite 316

City & State

Coral Gables FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33134

Country

US

Zip

Country

4. FEI Number

65-0262771

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BASULTO, JOSE**  
5790 SW 84 ST  
MIAMI FL 33143

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | VD                    | <input type="checkbox"/> Delete |
| NAME           | SCHUSS, WILLIAM R.    |                                 |
| STREET ADDRESS | 1403 SW 20 ST.        |                                 |
| CITY-ST-ZIP    | MIAMI FL              |                                 |
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | BASULTO, JOSE         |                                 |
| STREET ADDRESS | 5790 SW 84 ST         |                                 |
| CITY-ST-ZIP    | MIAMI FL              |                                 |
| TITLE          | SD                    | <input type="checkbox"/> Delete |
| NAME           | LARES, SUILLERMO      |                                 |
| STREET ADDRESS | 6319 NW 173RD TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33015        |                                 |
| TITLE          | TD                    | <input type="checkbox"/> Delete |
| NAME           | NUNEZ, LEOPOLDO       |                                 |
| STREET ADDRESS | 8520 SW 72ND TERRACE  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33142        |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: \_\_\_\_\_

*Jose S. Basulto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose S. Basulto 1/6/2000 (305) 477-1868

Date

Daytime Phone #

CR2E037 (9/99)