

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43427

FILED
May 06, 2002 8:00 AM
Secretary of State

Entity Name: BROTHERS TO THE RESCUE, INC.

Current Principal Place of Business:

145 MADEIRA
SUITE 316
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 430846
MIAMI, FL 33243 US

New Mailing Address:

FEI Number: 65-0262771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SCHUSS, WILLIAM R.,
Address: 1403 SW 20 ST.
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: BASULTO, JOSE,
Address: 5790 SW 84 ST
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: LARES, SUILLERMO
Address: 6319 NW 173RD TERRACE
City-St-Zip: MIAMI, FL 33015

Title: TD () Delete
Name: NUNEZ, LEOPOLDO
Address: 8520 SW 72ND TERRACE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LARES, GUILLERMO
Address: 6319 NW 173RD TERRACE
City-St-Zip: MIAMI, FL 33015

Title: TD (X) Change () Addition
Name: DE VARONA, LUCILA S
Address: 1545 MENDAVIA AVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE J BASULTO

PD

05/06/2002

Electronic Signature of Signing Officer or Director

_____ Date