

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43427

FILED  
Jul 03, 2003  
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, GUILLERMO  
Address: 6319 NW 173RD TERRACE  
City-St-Zip: MIAMI, FL 33015

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: LUCILA S DE VARONA

TREA

07/03/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date