

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90003 049 ****70.00

DOCUMENT # N97000001507

1. Entity Name

SISTERS AND BROTHERS FOREVER, INC.

Principal Place of Business

2460 SW 8TH STREET
 MIAMI FL 33135
 US

Mailing Address

2460 SW 8TH ST
 MIAMI FL 33135-3016
 US

00000106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2454 SW 8 Th

Suite, Apt. #, etc.

3. Mailing Address

2454 SW 8 Th

Suite, Apt. #, etc.

City & State

MIAMI, FL 33135

Zip

33135

Country

MIAMI DADE

City & State

MIAMI FL 33135

Zip

33135

Country

MIAMI DADE

4. FEI Number

65-0750853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~COUJO, RAMON~~
~~2460 SW 8TH ST~~
~~MIAMI FL 33135~~

7. Name and Address of New Registered Agent

Name

JORGE S VILLALBA

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

2454 SW 8 Th

City

MIAMI

FL

Zip Code

33135

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]

Jorge S Villalba

01-03/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	DP	<input checked="" type="checkbox"/> Delete
NAME	COUJO, RAMON	
STREET ADDRESS	38 E 64 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TRUEBA, CARMINA	
STREET ADDRESS	1545 TRILLO AVE.	
CITY-ST-ZIP	CORAL GABLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GALLARRETA, JOSE L	
STREET ADDRESS	9032 SW 78 PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SEGUROLA, ALFREDO	
STREET ADDRESS	12425 SW 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	VILLALBA, JORGE	
STREET ADDRESS	2460 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUIS, BAZO	
STREET ADDRESS	11490 SW 24 ST.	
CITY-ST-ZIP	MIAMI FL 33165	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE S VILLALBA	
STREET ADDRESS	2454 SW 8 STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAS PEREZ	
STREET ADDRESS	2454 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUL R CASAS	
STREET ADDRESS	2024 NW 6 ST	
CITY-ST-ZIP	MIAMI, FL 33125	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] **SIGNATURE REQUIRED** Jorge S Villalba

1-3/2000 (305) 631-0700
 Date Daytime Phone #

CR2E037 (9/99)