

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000001507**

1. Entity Name

**SISTERS AND BROTHERS FOREVER, INC.****FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90260 001 \*\*\*\*70.00

0038908

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>2454 SW 8TH<br/>MIAMI FL 33135<br/>US</b> | Mailing Address<br><b>2454 SW 8TH<br/>MIAMI FL 33135<br/>US</b> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0750853</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>VILLALBA, JORGE S<br/>2454 SW 8TH<br/>MIAMI FL 33135</b> |
|----------------------------------------------------------------------------------------------------------------|

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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

|                                     |                                                                                                                        |                                                      |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                         |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>VILLALBA, JORGE S<br/>2454 SW 8 STREET<br/>MIAMI FL 33135</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>TRUEBA, CARMINA<br/>1545 TRILLO AVE.<br/>CORAL GABLE FL</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>GALLARRETA, JOSE L<br/>9032 SW 78 PL.<br/>MIAMI FL</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>SEGUROLA, ALFREDO<br/>12425 SW 14TH STREET<br/>MIAMI FL</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP<br/>PEREZ, NICOLAS<br/>2454 SW 8 STREET<br/>MIAMI FL 33135</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>CASAS, RAUL R<br/>2024 NW 6 ST<br/>MIAMI FL 33125</b> <input type="checkbox"/> Delete         |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** *SONIA VILLALBA* **SECRETARY** *Villalba* **4-18/01** **(305) 631-0700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)