2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2001 8:00 am s Secretary of State DOCUMENT # N9700004488 1. Entity Name MY BROTHER'S KEEPER, INC. 04-05-2001 90091 050 ****70.00 Mailing Address Principal Place of Business 1307 DELAWARE AVE. 1307 DELAWARE **ていいみたりひき** FT PIERCE FL 34950 FORT PIERCE FL 34950 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0777598 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEXINE. ESPERANT REV Si 6th 812 BEACH CT FT PIERCE FL 34950 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE ☐ Delete TITLE morel Alexis NAME OSMI, MAURIL NAME 1505 Havana Aver Ft. Pierce, FL 3+950 STREET ADDRESS STREET ADDRESS 618 S 6TH ST CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34950 **A**ddition Change Delete TITLE TITLE elitare Alexis LEXINE, ESPERANT NAME NAME 1535 Havana Aver STREET ADDRESS 812 BEACH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34950 ☐ Change X Addition DVP Delete TITLE TITLE ulrica Jean WILNER, RAPHAEL NAME NAME 1907 5. 8Th street STREET ADDRESS STREET ADDRESS 1101 PINE AVE CITY-ST-7IP Ft. fierce, FL 34950 CITY-ST-ZIP FT PIERCE FL 34982 ☐ Change Addition heronica Hunter **2** Delete TITLE TITLE 4 Lake Of Comailing P.O. Box NAME JOEL, JOSEPH NAME STREET ADDRESS STREET ADDRESS 1714 N 17TH ST CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL Addition Change 🔀 Delete TITLE Hagracia Lorrius DESSIEUR, LUC NAME NAME STREET ADDRESS STREET ADDRESS 809 BOSTON AVE CITY-ST-ZIP -CITY-ST-ZIP FT PIERCE FL Change ☐ Addition ☐ Delete TITLE ns TITLE NAME VALSAINT, LANAISE NAME STREET ADDRESS STREET ADDRESS 162 DALVA AVE CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34983 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.

Daytime Phone #