2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90244 024 ****70.00

U05618O

DOCUMENT # N97000004488

1. Entity Name

MY BROTHER'S KEEPER, INC.

Principal Place of Business	Mailing Address
~~1307 DELAWARE~~ FORT PIERCE FL 34950	~~1307 DELAWARE AVE.~~ FT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
820 Orange Ave	P.O. Box 507
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce FL	City & State: Ft. Pierce FL
Zip: 34950 Country: St. Lucie	Zip: 34954 Country: St. Lucie

4. FEI Number 65-0777598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~OSMI, MAURIL~~ ~~618 S. 6TH STREET~~ ~~FT PIERCE FL 34950~~ Osmi, Mauril 1102 York Ave Ft. Pierce, FL 34982	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Osmi Mauril 4/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSMI, MAURIL 618 S 6TH ST FT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Osmi, Mauril 1102 York Ave Ft. Pierce, FL 34982 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONEL, ALEXIS 1505 HAVANA AVENUE FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELITANE, ALEXIS 1505 HAVANA AVENUE FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ULRICA, JEAN 1907 S 8TH STREET FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUNTER, VERONICA 714 LAKE ST (P.O. BOX 2893) STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VALSAINT, LANAISE 162 DALVA AVE PT ST LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Osmi Mauril REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (772) 461-1077
Date Daytime Phone #