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

## FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # N98000004972 1. Entity Name BROTHERS OF THE SAME MIND, INC. 04-25-2001 90076 035 \*\*\*\*70.00 Mailing Address Principal Place of Business 180 N.W. 62ND STREET 4055 N.W. 17TH AVENUE MIAMI FL 33142 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0870396 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES, LEROY 180 N.W. 62ND STREET **MIAMI FL 33150** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be 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. Change Addition ☐ Delete TITLE TITLE WILCHER, DEMIKO NAME NAME STREET ADDRESS 4100 N.W. 41ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 Change ☐ Addition TITLE TITLE □ Defete WORLD, TAVARES NAME NAME STREET ADDRESS STREET ADDRESS 920 N.W. 47TH STREET CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP Change Addition TITLE Delete TITLE Brian Dennis THURMOND, CALVIN NAME NAME 1373 NWST Street 1537 N.W. 43RD STREET STREET ADDRESS STREET ADDRESS MIAA, Florida 33142 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** PEARNEST THOMAS Delete Addition TITLE TITLE JONES, LEROY NAME NAME 1765 NW 66 Street 1899 N.W. 83RD TERRACE STREET ADDRESS STREET ADDRESS MIAMI Florida 33147 CITY-ST-ZIP MIAMI FL 33147 CITY-ST-7IP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

4/26/01 (305) 756-0605

Date Date Daylime Phone #