

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90319 032 ****70.00

DOCUMENT # N98000004972

1. Entity Name

BROTHERS OF THE SAME MIND, INC.



Principal Place of Business

**4055 N.W. 17TH AVENUE
MIAMI FL 33142**

Mailing Address

**180 N.W. 62ND STREET
MIAMI FL 33150**

2. Principal Place of Business

3. Mailing Address

4055 NW 17 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2

City & State

City & State

Miami FL 33142

Zip

Country

Zip

Country

33142

DATE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAIR, ARTHUR M III
8800 NW 11 AVE
MIAMI FL 33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILCHER, DEMIKO	
STREET ADDRESS	4100 N.W. 41ST STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WORLD, TAVARES	
STREET ADDRESS	920 N.W. 47TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNIS, BRIAN	
STREET ADDRESS	1373 NW 55 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, ARTHUR M III	
STREET ADDRESS	8800 NW 14 AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, EARNEST	
STREET ADDRESS	1765 NW 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Mathis	
STREET ADDRESS	4055 NW 17 Ave	
CITY-ST-ZIP	Miami FL 33142	
TITLE		<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)