

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055257

1. Entity Name

2 B'S ASSOCIATION, INC.

**FILED**  
May 30, 2001 8:00 am  
Secretary of State

05-30-2001 90032 009 \*\*\*150.00

Principal Place of Business

45 NE 191ST STREET, #3012  
MIAMI FL 33179

Mailing Address

245 NE 191ST STREET, #3012  
MIAMI FL 33179

80072192

2. Principal Place of Business

13921 N.W. 19 Street

3. Mailing Address

13921 NW 9 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

Zip

33028

Country

USA

Zip

33028

Country

USA

4. FEI Number

65-1021913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, CRAIG D  
801 N.E. 167TH STREET  
SUITE 302  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

ERVE MALEBRANCHE

Street Address (P.O. Box Number is Not Acceptable)

13921 NW 19 Street

City

Pembroke Pines

FL

Zip Code

33028

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)

2/23/01

9. This corporation is eligible to satisfy its intangible  
tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | MALEBRANCHE, HARVE         |                                 |
| STREET ADDRESS | 245 NE 191ST STREET, #3012 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33179             |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | MALEBRANCHE, BETHINA       |                                 |
| STREET ADDRESS | 245 NE 191ST STREET, #3012 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33179             |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ERVE MALEBRANCHE         |  |
| STREET ADDRESS | 13921 NW 19th Street     |  |
| CITY-ST-ZIP    | Pembroke Pines, FL 33028 |  |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |  |
| STREET ADDRESS | 13921 NW 19th Street     |  |
| CITY-ST-ZIP    | Pembroke Pines, FL 33028 |  |
| 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    |                          |  |

13. 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 no 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

Document Filing #

Attachment  
DH PUNOW55257  
A0072192

May 23, 2001

Division Of Corporations  
PO Box 1500  
Tallahassee, Fl. 32302-1500

Att: Cathy / Reinstatement Section  
Ref: 2 B'S Association, Inc.

Dear Cathy;

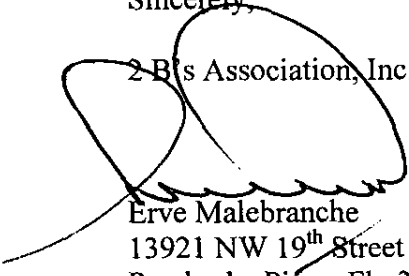
Per your instructions I am writing this letter concerning the 2001 Uniform Business Report for the above referenced corporation. As I stated in our conversation check #1049, dated Feb. 23, 2001 never was cashed by the Fl. Dept. of State, which was the fee to renew my corporation for 2001. I checked with my local bank and was advised that the check was still outstanding.

Enclosed is a copy of the original report, which was filed. As instructed I again signed my original signature to this copy. Also enclosed is a new check in the amount of \$150.00 to cover the fee. Please waive the late fee, as the original return was obviously lost in the mail.

Thanking you for your cooperation regarding this matter.

Sincerely,

2 B's Association, Inc.



Erve Malebranche  
13921 NW 19<sup>th</sup> Street  
Pembroke Pines, Fl. 33028