

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90256 033 \*\*\*150.00

**DOCUMENT # P00000055257**

1. Entity Name  
**2 B'S ASSOCIATION, INC.**

Principal Place of Business  
**13921 N.W. 19 STREET  
PEMBROKE PINES FL 33028**

Mailing Address  
**13921 N.W. 19 STREET  
PEMBROKE PINES FL 33028**

2. Principal Place of Business **6880 NW 44 Ct** 3. Mailing Address **6880 NW 44 Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Lauderhill Florida**

City & State  
**Lauderhill Florida**

4. FEI Number **65-1021913**

Applied For  
Not Applicable

Zip **33319** Country **Broward**

Zip **33319** Country **Broward**

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

**MALEBRANCHE, ERVE  
13921 NW 19 STREET  
PEMBROKE PINES FL 33028**

*Same Agent  
different address.*

Name **Malebranche, Erve**

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

**6880 NW 44 court**

City **Lauderhill**

**FL**

Zip Code **33319**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*President Malebranche Erve*

*4/10/02*

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$350.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **MALEBRANCHE, ERVE**  
STREET ADDRESS **13921 NW 19TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PD. Malebranche, Erve** ☒ Change ☐ Addition  
NAME **Malebranche, Erve**  
STREET ADDRESS **6880 NW 44 court**  
CITY-ST-ZIP **Lauderhill FL 33319**

TITLE **D** ☐ Delete  
NAME **MALEBRANCHE, BETHINA**  
STREET ADDRESS **13921 NW 19TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D. Malebranche, Bethina** ☒ Change ☐ Addition  
NAME **Malebranche, Bethina**  
STREET ADDRESS **6880 NW 44 court**  
CITY-ST-ZIP **Lauderhill FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 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

*Malebranche Erve*

Date

Daytime Phone #

*4/10/02*

*954 7465043*

CR2E034 (9/01)