

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0154368 AV

**DOCUMENT # P01000001555**

**1. Entity Name**  
**SARASOTA BROTHERS, INC.**

04-01-2002 90605 011 \*\*\*150.00

**Principal Place of Business**  
 6701 JOHNSON STREET  
 UNIT 213  
 HOLLYWOOD FL 33024

**Mailing Address**  
 6701 JOHNSON STREET  
 UNIT 213  
 HOLLYWOOD FL 33024



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 65-1066364

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**

**SPIEGEL & UTRERA, P.A.**  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name Paulose, Jackson  
 Street Address (P.O. Box Number is Not Acceptable) 6701 JOHNSON ST UNIT 213  
 City HOLLYWOOD FL Zip Code 33024

**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] **DATE** 03/22/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 \$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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PSTD ☐ Delete  
**NAME** PAULOSE, JACKSON  
**STREET ADDRESS** 6701 JOHNSON STREET UNIT 213  
**CITY-ST-ZIP** HOLLYWOOD FL 33024

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** VICE PRESIDENT  
**STREET ADDRESS** THOMAS TINNY  
**CITY-ST-ZIP** 6701 JOHNSON ST, UNIT 213  
 HOLLYWOOD FL 33024

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**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 an other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-967-9796

CR2E034 (9/01)