

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90283 027 ***150.00

DOCUMENT # P01000050062

1. Entity Name
BROTHAUS, INC.



Principal Place of Business
150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES FL 33134

Mailing Address
150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **MIAMI** 3. Mailing Address **2323 NW 17 AVE**

Suite, Apt. #, etc. **2323 NW 17 AVE** Suite, Apt. #, etc.

City & State City & State **MIAMI**

Zip Country Zip **33139** Country **USA**

4. FEI Number **65116449** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, LAWRENCE S ESQ
150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **MARCUS RON**
 Street Address (P.O. Box Number is Not Acceptable)
2323 NW 17 AVE
 City **MIAMI** **FL** Zip Code **33139**

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)

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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D CORREA, ANTONINO 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CORREA ANTONINO 2323 NW 17 AVE MIAMI FL
<input type="checkbox"/> Delete	D MARCUS, RON 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 and other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** _____ Date: **4-25-2002** Daytime Phone #: **305-635-9595**

CR2E034 (9/01)