

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

2. Principal Place of Business
MIAMI
Suite, Apt. #, etc. 2323 NW 17 AVE

3. Mailing Address
2323 NW 17 AVE
Suite, Apt. #, etc.

City & State

City & State
MIAMI

Zip
Country

Zip
Country
33139 USA

4. FEI Number
65106449

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 ESO
150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
MARCUS 1201
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  **Signature, typed or printed name of registered agent and title if applicable. (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 \$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	D	<input type="checkbox"/> Delete
NAME	CORREA, ANTONINO	
STREET ADDRESS	150 ALHAMBRA CIRCLE SUITE 1270	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, RON	
STREET ADDRESS	150 ALHAMBRA CIRCLE SUITE 1270	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	CORREA ANTONINO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2323 NW 17 AVE MIAMI FL	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)