

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90336 016 ***158.75

DOCUMENT # P01000116781

1. Entity Name
2 BROTHERS INC.



Principal Place of Business
14974 SW 161 PL
MIAMI FL 33196
US

Mailing Address
14974 SW 161 PL
MIAMI FL 33196
US



2. Principal Place of Business
18400 NW 2ND AVE
Suite, Apt. #, etc.
Suite 1A

3. Mailing Address
15102 SW 161 PL
Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI FL

4. FEI Number
80-0021679

Applied For
Not Applicable

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

Zip
33169

Country
US

Zip
33196

Country
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACEBAL, MATIAS JR.
14974 SW 161 PL
MIAMI FL 33196

Name **JOHN ACEBAL**
Street Address (P.O. Box Number is Not Acceptable)
15102 SW 161 PL
City **MIAMI** FL Zip Code **33196**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Acelal CEO

3/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
ACEBAL, JOHN
15102 SW 161 PL
MIAMI FL 33196

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ACEBAL, MATIAS
14974 SW 161 PL
MIAMI FL 33196

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other live employees.

SIGNATURE:

John Acelal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

DATE

305-653-3254

Daytime Phone #

CR2E034 (10/02)