


**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 91156 040 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P02000091147			
<b>1. Entity Name</b> BROTHERS PROPERTIES & HOLDINGS INC.			
<b>Principal Place of Business</b> 2172 CARTAGENA DRIVE BOCA RATON FL 33428		<b>Mailing Address</b> 2172 CARTAGENA DRIVE BOCA RATON FL 33428	
<b>2. Principal Place of Business</b> 21712 CARTAGENA		<b>3. Mailing Address</b> 21712 CARTAGENA	
Suite, Apt. #, etc. DRIVE		Suite, Apt. #, etc. DRIVE	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33428	Country USA	Zip 33428	Country USA
<b>4. Name and Address of Current Registered Agent</b> MAHMOOD, WAHID 2172 CARTAGENA DRIVE BOCA RATON FL 33428		<b>4. FEI Number</b> 54-2067585	
		<input type="checkbox"/> <b>5. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b>	
<b>6. 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.</b>		<b>7. Name and Address of New Registered Agent</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MAHMOOD, WAHID 2172 CARTAGENA DRIVE BOCA RATON FL 33428 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HAQUE, MOHAMMED A 2172 CARTAGENA DRIVE BOCA RATON FL 33428 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>MAHMOOD WAHID</u>		Date <u>4/10/03</u> (581) 758-3274	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

44003752

☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)