

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90251 033 ***150.00

DOCUMENT # P92000005161

1. Entity Name
2-B PROPERTIES CORP.



Principal Place of Business

1100 NW 163RD DR
MIAMI FL 33169
US

Mailing Address

1400 NW 103RD DR
MIAMI FL 33169
US

2. Principal Place of Business

411 ISLE OF CAPRI

3. Mailing Address

411 ISLE OF CAPRI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33301

Country

BRWD

Zip

33301

Country

BRWD

4. FEI Number

65-0370179

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

OSBORN, BEATRICE I

411 ISLE OF CAPRI

FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Beatrice I. Osborn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-19-03

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 | P | <input type="checkbox"/> Delete |
| NAME | OSBORN, BEATRICE I | |
| STREET ADDRESS | 411 ISLE OF CAPRI | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | OSBORN, ROBERT P. | |
| STREET ADDRESS | 411 ISLE OF CAPRI | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | OSBORN, BEATRICE I | |
| STREET ADDRESS | 411 ISLE OF CAPRI | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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.

SIGNATURE

Beatrice I. Osborn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-03

Date

Daytime Phone #

CR2E034 (10/02)