

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004639

1. Entity Name

BROTHER & SISTER CORPORATION

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90282 050 ***150.00

Principal Place of Business

1458 WASHINGTON ST
MIAMI BEACH FL 33139

Mailing Address

1458 WASHINGTON ST
MIAMI BEACH FL 33139

2. Principal Place of Business

1458 Washington Ave

3. Mailing Address

1458 Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

HERNANDEZ, LUIS JR
1458 WASHINGTON ST
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

1458 Washington Ave

City

Miami Beach

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

02/27/01

9. This corporation is eligible to satisfy its intangible

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

AFTER MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
HERNANDEZ, LUIS JR
1462 WASHINGTON ST
MIAMI BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1458 Washington Ave
Miami Beach FL 33139

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/01

Date

Daytime Phone #

305)501-7319

CR2E034 (10/00)