## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P94000012824 (6) DOCUMENT #

UNITED BROTHERS, INC.

**FILED** Mar 20 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			illi odiči iloja ulogi ibilik ijali orai <del>10</del> 04	
2162 NW 6TH ST. 2162 NW 6TH ST.						
FT. LAUDERD	DALE FL 33311	FT. LAUDERDALE FL 333	311			
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 02/14/1994		
9 Principal P	lace of Business	2a, Mailing Address		<b>1.</b> FEI Number	I landed 5	
21	IACE OF CUSINESS	26		65-0468318	Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<del></del>		SQ 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible	
24	25	29	30	Personal Property Tax due June		
	9. Name and Address of Currer	11 Registered Agent	04 14	10. Name and Address of New Re	gistered Agent	
	ILUPS, JANET	NPT - 10	81 Name			
	00 W. OAKLAND PARK BLVD., S	HE. 240	82 Street	Address (P.O. Box Number is Not Acceptate	ole)	
FT LAUDERDALE FL 33311						
			83			
			84 City		B5 Zip Code	
-11					FL 18 2 P COCC	
11. Pursuant i	to the provisions of Sections 607.050 ealstered agent, or both, in the State	12 and 607.1508, Florida Statut e of Florida. Such change was r	es, the above-named authorized by the corr	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered	
agent I a	m familiar with, and accept the oblig-	ations of Section 607.0505, Flo	orida Statutes.			
SIGNATURE		4402				
12.	Signature, typed or printed name of registered agr.  OFFICERS AN		F Registered Agent signature	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
TITLE	DST	DELETE	1.1 TITLE	TRESIDENT	Change Addition	
NAME	EL KHALIL, SALAHELDIN	•	1.2 NAME	Michigan		
STREET ADDRESS	6332 NW 26TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33313		1.4 CITY-ST-ZIP			
TITLE	PD	DELETE	2.1 TITLE		Change Addition	
NAME	TABIDI, ESAMELDIN E.		2.2 NAME			
STREET ADDRESS	6332 NW 26TH ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33313		2. 4 CITY-ST-ZIP		•	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DEL <b>ete</b>	4.1 TITL€		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY+ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby o	e <b>rtity</b> that the information supplied wi <b>on this</b> annual report or supplementa	ith this filing does not qualify fo al annual report is true and acc	or the exemption state surate and that my side	d in Section 119.07(3)(i), Florida Statutes. I	turther certify that the information	
officer or o Block 12 o	director of the corporation or the rece or Block 13 if changed or on agrapha	eiver or trusted empowered to c chment with an address.	execute this report as	d in Section 119.07(3)(i), Florida Statutes, nature shall have the same legal effect as if required by Chapter 607, Florida Statutes;	and that my name appears in	