

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038261

1. Entity Name

BROWARD EN SUS MANOS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90200 022 ***158.75

Principal Place of Business

5742 SW 7TH ST.
2ND FLOOR
MIAMI FL 33144

Mailing Address

5742 SW 7TH ST.
2ND FLOOR
MIAMI FL 33144-3972

2. Principal Place of Business

1793 W 37 ST.

3. Mailing Address

1793 W 37 ST.

Suite, Apt. #, etc.

"BUILDING"

Suite, Apt. #, etc.

"BUILDING"

City & State

HALEAH, FL

City & State

HALEAH FL

Zip

33012

Country

MIAMI-DADE

Zip

33012

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

PINEIRO, MIGUEL
5742 SW 7TH ST.
2ND FLOOR
MIAMI FL 33144

4. FEI Number

59-1476033

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

MIGUEL PINEIRO

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

1793 W 37 ST.

City

HALEAH

FL

Zip Code

33012

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

4/11/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DPST	<input type="checkbox"/> Delete
NAME	PINEIRO, MIGUEL	
STREET ADDRESS	5742 SW 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEIRO MIGUEL	
STREET ADDRESS	1793 W 37 ST.	
CITY-ST-ZIP	HALEAH, FL 33012	
TITLE	SECRETARY-TREASURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINEIRO CARMEN MARIA	
STREET ADDRESS	1793 W 37 ST.	
CITY-ST-ZIP	HALEAH, FL 33010	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINEIRO MIGUEL JR.	
STREET ADDRESS	1793 W 37 ST.	
CITY-ST-ZIP	HALEAH, FL 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(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

Date

Daytime Phone #

MIGUEL PINEIRO

4/11/2000 261-5751

CR2E034 (9/99)