## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

## May 02, 2002 8:00 am Secretary of State P96000027641 DOCUMENT # 1. Entity Name 05-02-2002 90084 004 \*\*\*150.00 CHRISTIAN BROTHERS SERVICES II, INC. Principal Place of Business Mailing Address 511 N.W. 49TH ST. 511 N.W. 49TH ST. MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0654912 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALD, ARCHIE Street Address (P.O. Box Number is Not Acceptable) 511 N.W. 49TH ST. MIAMI FL 33056 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 🗻 ——(NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Change ☐ Addition NAME · DONALD, ARCHIE NAME STREET ADDRESS 511 N.W. 49TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33127** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME WILLIAMS, GARRETT NAME STREET ADDRESS STREET ADDRESS 1393 NW 44TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED