

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90118 033 ***150.00

DOCUMENT # P96000072216

1. Entity Name
SISTER'S ENTERPRISE, INC.

Principal Place of Business

Mailing Address

TWO SOUTH BISCAYNE BLVD.
 ONE BISCAYNE TOWER #3400
 MIAMI FL 33131

TWO SOUTH BISCAYNE BLVD.
 ONE BISCAYNE TOWER #3400
 MIAMI FL 33131-1806

2. Principal Place of Business

3. Mailing Address

10 RSV Corporate Services, Inc.

Same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200 So. Biscayne Blvd. Suite 4200

Principal Place

City & State

City & State

Miami, Florida

of Business

Zip

Country

Zip

Country

33131

U.S.A.

4. FEI Number

65-0694094

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

VALDES-FAULI CORPORATE SERVICES, INC.
 2 S. BISCAYNE BLVD., #3400
 MIAMI FL 33131

Name
RSV Corporate Services, Inc.

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

210 Street, Hecker & Davis

200 So. Biscayne Boulevard, Suite 4200

City
Miami

FL

Zip Code
33131

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.

RSV Corporate Services, Inc.

SIGNATURE

(Signature)

Rawl J Valdes-Fawli, President

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	DE LAURIA, CARMEN PULGAR	555 S. POMPANO PKWY	POMPANO BCH FL 33069	<input type="checkbox"/>
TD	PHELAN, WILLIAM ROBERT	555 S. POMPANO PKWY	POMPANO BCH FL 33069	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

305.577.3998

Daytime Phone #