

# 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

**90 RSVF 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

**RSVF Corporate Services, Inc.**

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

**916 Steel, Hector & 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.

**RSVF Corporate Services, Inc.**

SIGNATURE

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

**Rawl J Valdes - Fawli, President**

**4/28/00**

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

**Rawl J Valdes - Fawli**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2000**

Date

**305.577.7598**

Daytime Phone #