## 2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State DOCUMENT # P98000023584 BROS. WILLIAMS PRINTING, CORP. 05-10-2001 90160 008 \*\*\*150.00 Principal Place of Business Mailing Address 529 W 28 ST 525 W 28 ST HIALEAH FL 33010 HIALEAH FL 33010 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0856220 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, MARIO Street Address (P.O. Box Number is Not Acceptable) 19515 NW 8 COURT **MIAMI FL 33169** Zip Code City 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 This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change TITI F ☐ Delete TITLE NAME NAME WILLIAMS, DANIA STREET ADDRESS STREET ADDRESS 19515 NW 8 COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

13. I hereby certify that the information supplied with this filling 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 accourate 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 of trystee 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.

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SIGNATURE:

STREET ADDRESS

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NAME STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Williams

04-25-01 Kes) 888-7599

Daytime Phone #

☐ Change

☐ Change

☐ Addition

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