

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90179 018 \*\*\*150.00

**DOCUMENT # P98000054368**

**1. Entity Name**  
**BROTHERS & SISTERS OF BONITA SPRINGS, INC.**

**Principal Place of Business**  
**3949 EVANS AVE., #205**  
**FORT MYERS FL 33901**

**Mailing Address**  
**3949 EVANS AVE., #205**  
**FORT MYERS FL 33901**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3522034**

Applied For  
 Not Applicable

Zip Country

Zip Country

**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**

**WU, XIAO Y**  
**3949 EVANS AVE., #205**  
**FORT MYERS FL 33901**

Name **ZHI H WU**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10430 Bonita Beach Rd**  
 City **Bonita Springs** FL Zip Code **34135**

**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]*  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME       | STREET ADDRESS       | CITY-ST-ZIP             | Delete                   |
|-------|------------|----------------------|-------------------------|--------------------------|
| P     | WU, XIAO Y | 27515 TIERRA DEL SOL | BONITA SPRINGS FL 33923 | <input type="checkbox"/> |
|       |            |                      |                         | <input type="checkbox"/> |
|       |            |                      |                         | <input type="checkbox"/> |
|       |            |                      |                         | <input type="checkbox"/> |
|       |            |                      |                         | <input type="checkbox"/> |
|       |            |                      |                         | <input type="checkbox"/> |
|       |            |                      |                         | <input type="checkbox"/> |

| TITLE     | NAME     | STREET ADDRESS        | CITY-ST-ZIP             | Change                              | Addition                 |
|-----------|----------|-----------------------|-------------------------|-------------------------------------|--------------------------|
| President | ZHI H WU | 10430 Bonita Beach Rd | BONITA SPRINGS FL 34135 | <input checked="" 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"/> |
|           |          |                       |                         | <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

Date

Daytime Phone #

1/10/02

941-275-7766

CR2E034 (9/01)