

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057252

1. Entity Name

TWO OR MORE ENTERPRISES, INC.

**FILED**  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90208 047 \*\*\*150.00

Principal Place of Business

8501 S.W. 29TH STREET  
MIAMI FL 33155

Mailing Address

8501 S.W. 29TH STREET  
MIAMI FL 33155

2. Principal Place of Business

2600 DOUGLAS RD. #902

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

STE 902

Suite, Apt. #, etc.

STE 902

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A

Zip

33134

Country

U.S.A

4. FEI Number

65-0846708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEIDMAN, MARVIN B ESQ.  
8501 S.W. 29TH STREET  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

John Bohetch

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

2600 Douglas Rd. Penthouse 8

City

Coral Gables

FL

Zip Code

33134

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

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, 2001 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

TITLE D  
NAME PIETRA, MANUEL S  
STREET ADDRESS 2616 GRANADA BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE P  
NAME PADBURY, ROBIN  
STREET ADDRESS 2665 S. BAYSHORE DR., PH-2B  
CITY-ST-ZIP COCONUT GROVE FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P.  
NAME PIETRA, MANUEL S.  
STREET ADDRESS 2600 DOUGLAS ROAD, STE 902  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/01 (305) 446-6556

CR2E034 (10/00)