FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90155 002 ***150.00

DOCUMENT # P99000036475

1. Entity Name

Compound Brother, Inc.

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B0130470

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2. Principal Place of Business	3. Mailing Address
91 SW 31st Ave	91 SW 31st Ave
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Fort Lauderdale, FL	City & State: Fortlaud, FL
Zip: 33312 Country: U.S.A	Zip: 33312 Country: U.S.A

4. FEI Number: 65-0912889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Joseph K. Nofil, P.A.

Street Address (P.O. Box Number is Not Acceptable): 3284 N. State Rd 7

City: Lauderdale Lakes FL Zip Code: 33319

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) DATE: May 31st, 02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTSD
NAME	Blair, Selvyn
STREET ADDRESS	91 SW 31st Ave
CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Selvyn Blair President 5/31/02 (954) 484-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #