2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 17, 2000 8:00 am
Secretary of State
07-17-2000 90070 017 *****8.75
06-01-2000 90001 032 ***150.00

DOCUMENT # P99000047526

1. Entity Name
CHURCH BROTHERS CORP.

Principal Place of Business	Mailing Address
8290 LAKE DR.,#345 MIAMI FL 33166	8290 LAKE DR.,#345 MIAMI FL 33166-4674

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8290 Lake Drive	
Suite, Apt. #, etc. #345	Suite, Apt. #, etc.
City & State MIAMI	City & State
Zip FL / Country 33166	Zip / Country

4. FEI Number 23-08-497621-20-8 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RIX, JOSE RICARDO
8290 LAKE DR.,#345
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name Jose Ricardo Rix
Street Address (P.O. Box Number is Not Acceptable) 8290 Lake Drive #345
City Miami FL FL Zip Code 33166

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIX, JOSE ROCARDO 8290 LAKE DR.,#345 MIAMI FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Rix, Jose Ricardo 8290 Lake Dr #345 MIAMI, FL 33166 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: X [signature] 04-29-00 (305)718-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #