

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082585

1. Entity Name

BROTHER AT ALL, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90088 040 ***150.00

Principal Place of Business

Mailing Address

3971 S.W. 8TH STREET
MIAMI FL 33134

3971 S.W. 8TH STREET
MIAMI FL 33134-2937

604811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6301 Collins Avenue

6301 Collins Avenue

Suite, Apt., #, etc.

Suite, Apt., #, etc.

1504

1504

City & State Miami Beach, FL

City & State Miami Beach

4. FFI Number

65-0953477

Applied For

Not Applicable

Zip

Country

Zip

Country

33141

Dade

33141

Dade

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

HERNANDEZ, HAROLDO
LAMAR AND LAMAR, P.A.
3971 S.W. 8TH ST. #305
MIAMI FL 33134

Name

Raul V. Quintana

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

6301 Collins Avenue
1504

City

Miami Beach

FL

Zip Code

33141

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

1-11-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, HAROLDO	
STREET ADDRESS	3971 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, SANDRA	
STREET ADDRESS	3971 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAMAR, MARIO ESQ.	
STREET ADDRESS	3971 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raul V. Quintana	
STREET ADDRESS	6301 Collins Avenue #1504	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Raul V. Quintana 1-11-00 (305) 861-3672
President

Date

Daytime Phone #