

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90320 004 ***150.00

DOCUMENT # 414742

1. Entity Name
FIRST FUND BROWARD, INC.

Principal Place of Business 1428 BRICKELL AVE #105 MIAMI FL 33131	Mailing Address 1428 BRICKELL AVE #105 MIAMI FL 33131
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C0040147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address C/O ERNEST M. HALPRYN 1428 BRICKELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 105	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33131-3409	USA

4. FEI Number 59-1449432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALPRYN ERNEST M
1428 BRICKELL AVE STE 105
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, ERNEST M. 1428 BRICKELL AVE, STE 105 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LABIANCA, PHILIP 1428 BRICKELL AVE, STE 105 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE VECCHI, JOHN 1428 BRICKELL AVE, STE 105 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEISBERG, ALAN J. 1428 BRICKELL AVE #105 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOERNER, JUDITH A 1428 BRICKELL AVE #105 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LABIANCA, PHILIP 1428 BRICKELL AVE., STE 105 MIAMI FL 33131-3409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOERNER, JUDITH A. 1428 BRICKELL AVE #105 MIAMI FL 33131-3409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ERNEST M. HALPRYN *[Signature]* **MARCH 20, 2001** **(305) 371-4112**

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

CR2E034 (10/00)