

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90029 043 ****61.25

DOCUMENT # N00000001831

1. Entity Name

BROWARD ON BROADWAY, INC.

Principal Place of Business

Mailing Address

**4951 NORTH UNIVERSITY DRIVE
 SUITE 15A
 LAUDERHILL FL 33351**

**4951 NORTH UNIVERSITY DRIVE
 SUITE 15A
 LAUDERHILL FL 33351**

60074107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1023384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WELIKOFF, RONALD
 4951 NORTH UNIVERSITY DRIVE
 SUITE 15A
 LAUDERHILL FL 33351**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	WELIKOFF, RONALD	
CITY-ST-ZIP	10400 N.W. 14TH STREET PLANTATION FL 33322	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	LEVINE, STEVEN T.	
CITY-ST-ZIP	2708 N.W. 108TH TERRACE SUNRISE FL 33322	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	HELLERMAN, MARK	
CITY-ST-ZIP	1301 N.W. 96TH AVENUE PLANTATION FL 33322	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark B. Hellerman* / **Mark B. Hellerman** 7/24/01 9544342600

CR2E037 (5/01)