

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90013 027 ****61.25

DOCUMENT # N34581

1. Entity Name

CULTURAL FOUNDATION OF BROWARD, INC.

Principal Place of Business

100 SOUTH ANDREWS AVENUE
 FT. LAUDERDALE FL 33301-1830

Mailing Address

100 SOUTH ANDREWS AVENUE
 FT. LAUDERDALE FL 33301-1830

00069000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0151424

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

EMO CORPORATE SERVICES, INC.
 100 NE THIRD AVENUE
 SUITE 1100
 FT. LAUDERDALE FL 33301

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**

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: Delete
 NAME: **ST GARREN, CINDY**
 STREET ADDRESS: **3501 SW. DAVIE RD**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33314**

TITLE: Change Addition
 NAME: **SD Shelley, Olivia Matthews**
 STREET ADDRESS: **3 Hendricks Isle**
 CITY-ST-ZIP: **Fort Lauderdale FL 33301**

TITLE: Delete
 NAME: **TD PALIN, PETER**
 STREET ADDRESS: **1100 E. LAS OLAS BLVD. #230**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **PD REIDEL, MARY 2**
 STREET ADDRESS: **200 E. LAS OLAS BLVD.**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: Change Addition
 NAME: **VD Widmer, Teresa**
 STREET ADDRESS: **201 SE 6 ST., #660E**
 CITY-ST-ZIP: **Fort Lauderdale FL 33301**

TITLE: Delete
 NAME: **VD DEARDEN, PAMELLA**
 STREET ADDRESS: **2957 NW 12 AVENUE**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33311**

TITLE: Change Addition
 NAME: **PD**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: **1st VD Camp, Melanie**
 STREET ADDRESS: **2851 NE 21 Ct.**
 CITY-ST-ZIP: **Fort Lauderdale FL 33305**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/00

Date

954
 527-0200

Daytime Phone #