

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90059 021 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0151424**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

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

## 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

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

TITLE **SD** ☐ Delete  
NAME **GOLDMAN, ELLEN**  
STREET ADDRESS **100 NE 3RD AVE #1100**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE **TD** ☐ Delete  
NAME **GRAHAM, JOHN**  
STREET ADDRESS **632 SW 5TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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

TITLE **VP** ☐ Delete  
NAME **CAMP, MELANIE**  
STREET ADDRESS **2851 NE 21 CT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE **VP** ☒ Delete  
NAME **WIDMERE, TERESA**  
STREET ADDRESS **201 SE 6TH CT #600E**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1350 E. SUNRISE BLVD #141**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☒ Change ☐ Addition  
NAME **GRAHAM, JOHN E.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.7.02**

Date

Daytime Phone #

**954-7632704**

CR2E037 (9/01)