

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90202 003 \*\*\*\*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.

*6th Floor*

Suite, Apt. #, etc.

*6th Floor*

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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOLDMAN, ELLEN 100 NE 3RD AVE #1100 FORT LAUDERDALE FL 33301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PALIN, PETER 1350 E. SUNRISE BLVD #141 FORT LAUDERDALE FL 33304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GRAHAM, JOHN E 632 SW 5TH AVE FORT LAUDERDALE FL 33315</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEARDEN, PAMELLA 2957 NW 12 AVENUE FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CAMP, MELANIE 2851 NE 21 CT FORT LAUDERDALE FL 33305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WIDMERE, TERESA 201 SE 6TH CT #660E FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Roberta Young 2400 E. Commercial Blvd Ste 517 Fort Lauderdale, FL</b>	<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 prepare 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** *Roberta Young* **Treasurer** *5/29/03 8543519800*

CR2E037 (10/02)