

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90163 007 \*\*\*\*70.00

**DOCUMENT # N36310**

1. Entity Name

**METRO BROWARD ECONOMIC DEVELOPMENT CORPORATION I NC.**

Principal Place of Business

Mailing Address

3800 W BROWARD BLVD.  
 NATIONS BANK BLDG.  
 FT. LAUDERDALE FL 33312  
 US

3800 W BROWARD BLVD.  
 NATIONS BANK BLDG.  
 FT. LAUDERDALE FL 33312  
 US

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

**65-0200546**

Applied For

Not Applicable

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

**VILAIN, MARC CEO**  
**3800 W. BROWARD BLVD.**  
**FT. LAUDERDALE FL 33312**

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

*Marc Villain*

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

(NOTE: Registered Agent signature required when reinstating)

*4/29/02*

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>LAMBERT, LES D</b>	
STREET ADDRESS	<b>625 N. FLAGLER DRIVE, 1ST FLOOR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>VC1</b>	<input type="checkbox"/> Delete
NAME	<b>WALDRON, DONNA D</b>	
STREET ADDRESS	<b>2400 E. ATLANTIC BLVD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BRENNAN, MARCY D</b>	
STREET ADDRESS	<b>2001 HOLLYWOOD BOULEVARD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CLUTTER, MICHAEL D</b>	
STREET ADDRESS	<b>ONE E. BROWARD BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>CT2V</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, NORMAN D</b>	
STREET ADDRESS	<b>115 S ANDREWS AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>VILLIAN, MARC</b>	
STREET ADDRESS	<b>3800 W. BROWARD BLVD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	

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

SIGNATURE:

*Marc Villain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)