

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90092 025 ****61.25

DOCUMENT # N94000004611

1. Entity Name

HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, IN C.

Principal Place of Business

Mailing Address

PO BOX 9623
 FT LAUDERDALE FL 33310

PO BOX 9623
 FT LAUDERDALE FL 33310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0319346

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLO, JIM
SERVICE AMERICA
515 NW 12TH AVENUE
DEERFIELD BEACH FL 33442

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

After September 13, 2002, 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	PD	<input type="checkbox"/> Delete
NAME	DURANT, MARILYN	
STREET ADDRESS	2600 N MILITARY TR #410	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GALLO, JIM	
STREET ADDRESS	515 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ANA	
STREET ADDRESS	19000 NE 25TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SMOLEN, DEBBIE	
STREET ADDRESS	1571 W COPANS RD #105	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	r	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, MARILYN	
STREET ADDRESS	100 NE 3RD, SUITE 600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301-1155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENNON REIDLER	
STREET ADDRESS	1300 SAWGRASS CORP PKWY, #300	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUPAR, KATHLEEN	
STREET ADDRESS	439 NE 7TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARLYN LAUBY	
STREET ADDRESS	2101 W COMMERCIAL BLVD #2000	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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 like empowered.

SIGNATURE: *Kathleen Durand* **RECEIVED**

9-12-02 954-763-5700

CR2E037 (4/02)