2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 09, 2002 8:00 am Secretary of State DOCUMENT # N98000003369 09-09-2002 90019 018 ***236.25 BROWARD COUNTY CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 3045 N. FEDERAL HIGHWAY 3045 N. FEDERAL HIGHWAY SUITE 60 SUITE 60 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0841822 Not Applicable Zip 🕟 Country_ Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, LEVI G JR **FERTIG & GRAMLING 200 S.E. 13TH STREET** City Zip Code FT LAUDERDALE FL 33316 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) Make Check Payable to 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State min. will be \$236.25. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE PD ☐ Delete TITLE ☐ Change NAME ZOLNOWSKI, LAWRENCE A NAME STREET ADDRESS STREET ADDRESS 7050 SOUTHWEST 20TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33317 ☐ Change ☐ Addition TITLE ☐ Delete TITLE zolnowski, teresa e NAME STREET ADDRESS STREET ADDRESS 7050 SOUTHWEST 20TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33317 ☐ Change ☐ Addition TITLE Delete CAMACHO, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 3045 N. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP