

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90231 009 ***150.00

DOCUMENT # P97000016987

1. Entity Name
PHOENIX OF BROWARD, INC.

Principal Place of Business 666 BROWARD BOULEVARD FORT LAUDERDALE FL 33312	Mailing Address 1101 S. ROGERS CREEK #3 BOCA RATON FL 33487 US
--	--

2. Principal Place of Business 1101 S. ROGERS CIRCLE	3. Mailing Address 1101 S. ROGERS CIRCLE
Suite, Apt. #, etc. SUITE 3	Suite, Apt. #, etc. SUITE 3

City & State BOCA RATON FL	City & State BOCA RATON FL
--------------------------------------	--------------------------------------

Zip 33487	Country USA	Zip 33487	Country USA
---------------------	-----------------------	---------------------	-----------------------

4. FEI Number **65-0734216**

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

DANIELS, THEODORE ESQ
4400 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

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  DATE **4-9-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	LEVINS, GLENN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1101 S. ROGERS CIRCLE SUITE 3	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	
VP	LEVINS, JAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2250 WASHINGTON AVE	STREET ADDRESS	
CITY-ST-ZIP	SEAFORD NY 11783	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-9-01** DAYTIME PHONE # **561-988-2036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)