

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90140 033 ***150.00

DOCUMENT # P00000059920

1. Entity Name

CITYWIDE REALTY OF BROWARD, INC.

Principal Place of Business

**4000 HOLLYWOOD BLVD., SUITE 535 SOUTH
HOLLYWOOD FL 33021**

Mailing Address

**4000 HOLLYWOOD BLVD., SUITE 535 SOUTH
HOLLYWOOD FL 33021**

2. Principal Place of Business

3830 Hollywood Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33021

Country

Broward

Country

4. FEI Number

65-0973222

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

**VARGAS, BRENDA
4000 HOLLYWOOD BLVD., SUITE 535 SOUTH
HOLLYWOOD FL 33021**

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

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. ☐
(See criteria on back)

**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

TITLE **D** ☒ Delete
NAME **VARGAS, BRENDA**
STREET ADDRESS **18777 N.W. 23RD STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **ERICA PEREZ** ☐ Change ☒ Addition
NAME **2200 TAYLOR ST. UNIT #201**
STREET ADDRESS **Hollywood, FL 33020**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HALE, GABRIELLE**
STREET ADDRESS **11201 S.W. 111TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)