

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009234

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**7676901136CC**

**Entity Name:** BROWARD COUNTY INTERGROUP, INC.

**Current Principal Place of Business:**

3317 NW 10 TERRACE  
SUITE 404  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

3317 NW 10 TERRACE  
SUITE 404  
OAKLAND PARK, FL 33309 US

**FEI Number:** 20-1672030

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAJA, MARY  
3317 NW 10 TERRACE  
SUITE 404  
OAKLAND PARK, FL 33309 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LICK, PATRICIA MARIE  
Address        3317 NW 10 TERRACE  
                 SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            VP  
Name            PERLMAN, HOWARD E  
Address        3317 NW 10 TERRACE  
                 SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            T  
Name            SCHREIBER, NANCY RUTH  
Address        3317 NW 10 TERRACE  
                 SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            SECRETARY  
Name            LAW, PATRISIA MICHEL  
Address        3317 NW 10 TERRACE  
                 SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA LICK

**PRESIDENT**

**01/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date