

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 158334**

1. Entity Name

BROWARD TRUCK & EQUIPMENT CO., INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90070 002 ***150.00

Principal Place of Business

**2909 S ANDREWS AVE
BOX 350097
FT LAUDERDALE FL 33335**

Mailing Address

**2909 S ANDREWS AVE
BOX 350097
FT LAUDERDALE FL 33335**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0599287**

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

**HOUSTON, BART E
316 NE 4TH ST.
FORT LAUDERDALE FL 33301**

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, JOHN N		NAME		
STREET ADDRESS	1525 NW 167TH ST, SUITE 145		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLAR, ROBERT J		NAME		
STREET ADDRESS	3787 INTERSTATE PARK RD W		STREET ADDRESS		
CITY-ST-ZIP	RIVERIA BEACH FL 33404		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLAR, JOHN T		NAME		
STREET ADDRESS	2909 S ANDREWS AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL J SR		NAME		
STREET ADDRESS	2909 S ANDREWS AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, JOHN R		NAME		
STREET ADDRESS	1525 NW 167TH ST STE 145		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)