

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90941 029 \*\*\*150.00

**DOCUMENT # 158334**

1. Entity Name  
**BROWARD TRUCK & EQUIPMENT CO., INC.**



Principal Place of Business

2909 S ANDREWS AVE

~~BOX 330097~~  
FT LAUDERDALE FL ~~33005~~ **33316**

Mailing Address

2909 S ANDREWS AVE

~~BOX 330097~~  
FT LAUDERDALE FL ~~33005~~ **33316**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HOUSTON, BART E**

**316 NE 4TH ST.**

**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

**Bart Houston Esq**

Street Address (P.O. Box Number is Not Acceptable)

**350 E. Las Olas Bl Ste 1700**

City

**Fort Lauderdale FL**

Zip Code

**33301**

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

*Changing address only* **MyLE CFO**

**3/31/03**

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **SCOPETTA, JOHN N**  
CITY-ST-ZIP **1525 NW 167TH ST, SUITE 145**  
**MIAMI FL 33169**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **DOLLAR, ROBERT J**  
CITY-ST-ZIP **3787 INTERSTATE PARK RD W**  
**RIVERIA BEACH FL 33404**

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

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **MARTIN, MICHAEL J SR**  
CITY-ST-ZIP **2909 S ANDREWS AVE**  
**FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **SCOPETTA, JOHN R**  
CITY-ST-ZIP **1525 NW 167TH ST STE 145**  
**MIAMI FL 33169**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

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 607, 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03**

Date

**954-523-5424**

Daytime Phone #

CR2E034 (10/02)