

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 617153

1. Entity Name

BROLAND, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90043 025 ***150.00

Principal Place of Business

Mailing Address

23965 WARDEN AVE

R R #2

KESWICK ONT., CANADA L4P3E9

23965 WARDEN AVE

R R #2

KESWICK ONT., CANADA L4P3E9

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

98-0054919

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

BAUMAN, JEROME A ESQ

7820 PETERS ROAD

E 103

PLANTATION FL 33324

Name

BAUMAN JEROME

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

7119 W. BRONARD BLVD

City

PLANTATION

FL

Zip Code

33317

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

APRIL 5/2000

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, 2000 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
NAME BROUWER, GERALD J
STREET ADDRESS 23965 WARDEN AVE R.R. #2
CITY-ST-ZIP KESWICK, CANADA L4P3G9 ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

905-
APRIL 5/2000
476-4361
BROUWER

CR2E034 (9/99)