## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 727685** 1. Entity Name BIG BROTHERS/BIG SISTERS OF BROWARD, INC. Principal Place of Business Mailing Address 4701 NW 33 AVE 4701 NW 33 AVE. OAKLAND PARK FL 33309 OAKLAND PARK FL 33309

## FILED Apr 01, 2002 8:00 am Secretary of State

04-01-2002 90021 022 \*\*\*\*61.25



2. Principal Pl							DO NOT WRITE IN THIS SPACE				
Suite, Apt.		ND STAEET		Suite, Apt. #, etc.							
SUITE 200			SUITE 200								
			City & State	•			4. FEI Number 59-1507595			-	
Zip Country			Zip	Zip Country			5 Certificate of St.	atus Desired 1		8.75 A	dditional
									F		ed
-	6. Name	and Address of Current r	registered Agent	=	Name		7. Name and Add	ress of New Tregis	itorou ng		
CEDENO,	ΔΝΔ			3			P.O. Box Number is t	Not Acceptable)	•		
	33RD AVE	NUE	. *				350 SE SECOND STREET				
OAKLAND	PARK FL 3	3309				TE	200			I Zio Co	.do
					FORT					333	<u>50 1</u>
8. The above	named entity	submits this statement for	the purpose of chan	ging its register	ed office or re	egistere	ed agent, or both, in	the state of Florida			
FSIGNATURE _		i .	Suite, Apt. #, etc.  City & State FORT L'AUDERD'ALE:. FLA  City & State FORT L'AUDERD'ALE:. FLA  Zin Zin Zin Zin Zin Zin Zin Zin Zin Zi								
	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Hegistere	d Agent signature	e requirea	when reinstating)		UATE		
<b>%</b> ₌			9. Elect	tion Campaign F	inancing		\$5 00 May Be	Make	Check	Pavable	e to
F	FILE NOW	: FEE IS \$61.25									
10.		OFFICERS AND DIR	ECTORS	<u> </u>		A	DDITIONS/CHANG	ES TO OFFICERS A	ND DIRE	CTORS	N 10
TITLE	D			<del></del>	E						
	MACK, WI		20	11							
STREET ADDRESS CITY-ST-ZIP		OMMERCIAL BLVD. 200 DERDALE FL 33309	<i>.</i> 0	11							
TITLE	VD	- 19-m	☐ Dele	te TITL	E					☐ Change	Addition
NAME	MURRY, B			li li							
		unrise BLV.D Dn.FL 33322		n ·		_		<b>.</b>	<b></b> .		
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NAME	BENTLEY, 600 SE 3			- 11			Jantuwee	T. 12 m. A.		_	
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NAME	GARRIDO,		n	!							
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NAME		LIN, ELLEN	OOP .	li li							
STREET ADDRESS CITY-ST-ZIP		s olas BLVD. 10TH Fl Derdale Fl 33301	.oon	ll ll	ET ADDRESS -ST-ZIP						
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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 fluster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accuracy with all other like empowered.

SIGNATURE:

2-6-02 (954) 522-7677