## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## DOCUMENT # F97000004723 May 10, 2000 8:00 am Secretary of State G.P. WEST BROWARD RETAIL, INC. 05-10-2000 90138 039 \*\*\*150.00 Principal Place of Business Mailing Address 3011 W. GRAND BLVD., #2405 3011 W. GRAND BLVD., #2405 DETORIT MI 48202 **DETORIT MI 48202-3010** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 38-3370120 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHASEN, DONALD L Street Address (P.O. Box Number is Not Acceptable) 3399 PGA Blvd. 3501 SW CORPORATE PKWY PALM CITY FL 34990 lite 450 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 (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PTDC** Addition TITI F ☐ Delete TITLE Change CUMMINGS, PETER NAME NAME STREET ADDRESS STREET ADDRESS 3011 W. GRAND BLVD., #2405 CITY-ST-ZIP CITY-ST-ZIP **DETORIT MI 48202** Change ☐ Addition TITLE ☐ Delete CUMMINGS, KEITH L NAME 3399 PGA Blvd., Suite 450 STREET ADDRESS STREET ADDRESS 3501 SW CORPORATE PKWY CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Change ☐ Addition ☐ Delete TITLE TITLE NAME CHASEN, DAVID L NAME 3399 PGA Blvd, Suite 450 STREET ADDRESS STREET ADDRESS 3501 SW CORPORATE PKWY CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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