## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # F9800006830  1. Entity Name  SREG PORT EVERGLADES COMMERCE CENTER, INC.							FILED Mar 19, 2002 8:00 am Secretary of State 03-19-2002 90016 037 ***158.75			
Principal Place of Business 300 HOLLYWOOD WY HOLLYWOOD FL 33021			Mailing Address 300 HOLLYWOOD WY HOLLYWOOD FL 33021					. <b>88</b> 41/ 8811 <b>0</b> 81181 141	<b>a 1</b> 2001 <b>a 1</b> 01 a <b>05</b> 1	
2. Principal Place of Business 3. Mailing Address								88211 48124 41161 181 	OG 11811 OBIS ISBS	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	El Number 65-0911736	-	Applied For	
Zip	Zip Country		Zip Coun		try	5. (	Certificate of Status Desired	\$9.75 ^-	dditional	
	6. Name	and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent					
STOTZEF 300 HOL HOLLYW	VAY				Name Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zip Code		
Tax filling r	oration is eligi	or printed name of registered agent and lible to satisfy its Intangible and elects to do so.	FILE NOW!!! After May 1, 200: Make Check Payable	FEE 2 Fee	will be \$550.	00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be	
11.	1	OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	3S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 HOLL	DW, MICHAEL J LYWOOD WAY DOD FL 33021	□ Delete	II .				☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip		rank Lywood way Dod Fl 33021	☐ Delete	11			.,	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VPS Delete STOTZER, THEODORE R 300 HOLLYWOOD WAY HOLLYWOOD FL 33021			ш				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SIDNEY LYWOOD WAY DOD FL 33021	☐ Delete	II.				☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		TT YWOOD WAY OOD FL 33021	☐ Delete	11				☐ Change	☐ Addition	
TITLE HAME STREET ADDRESS : STY-ST-ZIP		, ROGER YWOOD WAY OOD FL 33021	□ Defete	II	1			☐ Change	☐ Addition	
of the corp	on this report poration or the	t or supplemental report is tru	e and accurate and that my red to execute this report as	signat s requir	ure shall have ed by Chapter	the same le	19.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; th la Statutes; and that my name appe	at Lam an office	r or director - I	

THEOUSTE TREPOSTIVE OF SEMECTFICE PREPARES ident SIGNATURE By: March 15, 2002 (954) 981-1000 Daytime Phone #