**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 17, 2002 8:00 am H07696 DOCUMENT # **Secretary of State** 1. Entity Name 02-17-2002 90044 006 \*\*\*150.00 MICHAEL BROSCHE' ASSOCIATES, INC. Principal Place of Business Mailing Address 1200-A E ATLANTIC AVE 1200-A E ATLANTIC AVE DELRAY BCH FL 33483 DELRAY BCH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2428883 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROSCHE', MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1200-A E ATLANTIC AVE **DELRAY BCH FL 33483** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition CR2E034 (9/01) TITLE TITLE ☐ Delete BROSCHE', MICHAEL NAME NAME STREET ADDRESS 1200-A E ATLANTIC AVE STREET ADDRESS DELRAY BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT! F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 ndicated on this report or sapplemental report is true and of the corporation or the recenter or truetee empowered to accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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