

# 2000 UNIFORM BUSINESS REPORT (UBR)

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **H51922**

(3)

1. Corporation Name

**NBCC OF BROWARD COUNTY, INC.**

00 MAY -4 PM 3:56



Principal Place of Business

~~374 NW 171 ST.~~  
~~MIAMI FL 33169~~

Mailing Address

~~374 NW 171 ST.~~  
~~MIAMI FL 33169-5909~~

3. Date Incorporated or Qualified

**04/12/1985**

3a. Date of Last Report

**03/11/1996**

2. Principal Place of Business

**21 151 NE 166 ST.**

2a. Mailing Address

**26 151 NE 166 ST.**

4. FEI Number

**59-2541081**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

**VICK, CHARLES**

~~3775 KUMQUAT AVE~~

~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name

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

**151 NE 166 ST**

83

84 City

**MIAMI**

FL

85

Zip Code

**33162**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE

NAME **VICK, CHARLES**

STREET ADDRESS ~~4191 LYBER AVENUE~~

CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Add

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**151 NE 166 ST  
MIAMI, FL 33162**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**700003266607 - - 8**

**-05/25/00--01054--005**

**\*\*\*\*158.75 \*\*\*\*158.75** ☐ Add

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**BS/17**

14. I do hereby certify that the information supplied with this filing is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in this annual report or statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or I am authorized to receive and file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12. I am not a changed, or an attached address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/00**

**305-908-9335**

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