

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89889

1. Entity Name

BROWARD FOOD BROKERS, INC.

Principal Place of Business

7900 SW 24TH ST STE ~~200~~ 205  
DAVIE FL 33324

Mailing Address

7900 SW 24TH ST STE ~~200~~ 205  
DAVIE FL 33324-5821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 205

Suite, Apt. #, etc.

# 205

City & State

City & State

4. FEI Number

59-2610566

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROONEY, DAVID  
2980 SW 86 WAY  
DAVIE FL 33328

Name

David Rooney

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

3660 Citrus Trace

City

Davie

FL

Zip Code

33328

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MIDYETTE, EUGENE  
STREET ADDRESS 3041 OLD ORCHARD RD  
CITY-ST-ZIP DAVIE FL  
TITLE SD ☒ Delete  
NAME ROONEY, DAVE  
STREET ADDRESS 2980 SW 86 WAY  
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition  
SD ☐ Change ☐ Addition  
DAVE Rooney  
3660 Citrus Trace  
Davie FL 33328

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete  
TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete  
TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

David Rooney

Date

Daytime Phone

(954)

4249339

CR2E034 (9/99)