

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35941

1. Entity Name
SOUTH BROWARD BRACE, INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90155 016 ***150.00

Principal Place of Business
3500 TYLER STR
HOLLYWOOD FL 33021
US

Mailing Address
BOX 260879
PEMBROKE PINES FL 33026

2. Principal Place of Business
1920 E. Hallandale Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 702

City & State
Hallandale FL

City & State

Zip
33009

Country
USA

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0106778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETTI, VINCENT
5900 S W 164TH TERRACE
FT LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

Name Petti, Vincent
Street Address (P.O. Box Number is Not Acceptable)
1920 E. Hallandale Beach Blvd
Suite # 702
City Hallandale FL Zip Code 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PETTI, VINCENT T 5900 S W 164TH TERRACE FT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PETTI, KAREN 5900 S W 164TH TERRACE FT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETTI, ROBERT 1621 N. 73 AVE HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

9549229061

Daytime Phone #