

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # K67296****1. Entity Name**
BROADS INVESTMENTS, INC.**Principal Place of Business**

2343 NW 34TH AVE

COCONUT CREEK

33066

FL

US

Mailing Address

2343 NW 34TH AVE

COCONUT CREEK

33066

US

FL

2. Principal Place of Business

4971 N. W. 6TH STREET

3. Mailing Address

4971 N. W. 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK

FL

City & State

COCONUT CREEK

FL

4. FEI Number**59-2933921**

Applied For

Not Applicable

Zip

33063

Country

US

Zip

33063

Country

US

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ALLAN CAROLYN M
2343 N W 34TH AVENUE

COCONUT CREEK

33066

FL

US

7. Name and Address of New Registered Agent**Name**

ALLAN CAROLYN M

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

4971 N. W. 6TH STREET

City
COCONUT CREEK

FL

Zip Code
33063**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)

05/01/2000

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGLEY CATHERINE H.	
STREET ADDRESS	2343 NW 34TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	VST	<input type="checkbox"/> Delete
NAME	ALLAN CAROLYN H	
STREET ADDRESS	2343 NW 34TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGLEY CATHERINE H.		
STREET ADDRESS	4971 N. W. 6TH STREET		
CITY-ST-ZIP	COCONUT CREEK FL 33063		

TITLE	VST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLAN CAROLYN H		
STREET ADDRESS	4971 N. W. 6TH STREET		
CITY-ST-ZIP	COCONUT CREEK FL 33063		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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** Carolyn M. Allan

VST 05/01/2000