

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91773 034 ***150.00

DU110011



DO NOT WRITE IN THIS SPACE

DOCUMENT # K79152
 1. Entity Name
BROWARD BUS SHELTERS, INC

Principal Place of Business
 6081 S.W. 30TH COURT
 FT. LAUDERDALE FL 33314
 US

Mailing Address
 P.O. BOX 292037
 SUITE 105
 DAVIE FL 33329
 US

2. Principal Place of Business
3000 SW 60 Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
DAVIE FL

City & State

Zip
33314 Country
U.S.

Zip Country

4. FEI Number
65-0203145

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PORTLEY, PETER A
2211 E SAMPLE ROAD
204
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent
 Name
CHRISTINE FORMAN
 Street Address (P.O. Box Number is Not Acceptable)
888 SE THIRD AVE, SUITE 501
 City
FT LAUDERDALE FL Zip Code
33316

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 CHRISTINE FORMAN / Secretary DATE 4/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	S FORMAN, CHRISTIE 6081 SW 30TH CT FT LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORMAN, CHRISTINE 888 SE THIRD AVE, STE 501 FT LAUDERDALE FL 33316
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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: Christine Forman DATE 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)