

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90109 003 ***150.00

0503587

DOCUMENT # K80533

1. Entity Name

BROWARD PROPERTY INVESTMENTS, INC.

Principal Place of Business

P.O. BOX 399
 FT LAUDERDALE FL 33302

Mailing Address

P.O. BOX 399
 FT LAUDERDALE FL 33302

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0115988**

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

CLAY FORREST CAMERON
888 SE 3RD AVE SUITE 201
FT LAUDERDALE FL 33316

Name

John T. Loos

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

900 SE 3rd Ave. # 200

City

Fort Lauderdale

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 **John T. Loos President**

April 17, 2001

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

(NOTE: Registered Agent's 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 \$180.00
After MAY 1, 2001 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 '01

TITLE **PD** ☒ Delete
 NAME **CLAY FORREST CAMERON**
 STREET ADDRESS **888 SE 3RD AVE STE 201**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **President** ☐ Change ☒ Addition
 NAME **John T. Loos**
 STREET ADDRESS **900 SE 3rd Ave. # 200**
 CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, month, year

CR2E034 (10/00)