

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L14241

1. Entity Name

BROADWAY BILLIARDS, INC

FILED

**May 28, 2002 8:00 am
Secretary of State**

05-28-2002 91759 044 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17813 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Address

1201 S. OCEAN DR.

Suite, Apt. #, etc.

2305N

City & State
AVENURA, FL

City & State
HOLLYWOOD, FL

Zip
33160

Country
MIA - Dade

Zip
33019

Country

4. FEI Number

605-0190623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ANTMAN, CAROL S

Street Address (P.O. Box Number is Not Acceptable)
1201 S. OCEAN DR

APT 2305N

City HOLLYWOOD

FL

Zip Code
33019

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PDS</u> <u>ANTMAN, CAROL S</u> <u>1201 S. OCEAN DRIVE APT 2305N</u> <u>HOLLYWOOD, FL 33019</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Antman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

305 931192

Daytime Phone #