

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89414

1. Entity Name
THE BROWARD TIMES, INC.

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90229 023 ***150.00

Principal Place of Business

6288 NW 42ND CT
CORAL SPRINGS FL 33067
US

Mailing Address

PO BOX 670038
CORAL SPRINGS FL 33067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0268375

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CLAYBORNE, KEITH A.
6288 NW 42ND COURT
CORAL SPRINGS, FL
CORAL SPRING FL 33067

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME CLAYBORNE, KEITH A.
STREET ADDRESS 6288 NW 42ND COURT
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Delete
NAME CLAYBORNE, BERNADETTE P.
STREET ADDRESS 6288 NW 42ND COURT
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Keith A. Clayborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/02

CR2E034 (4/02)

*Attachment
L89414
119225*

BROWARD TIMES, INC.

6288 NW 42nd Court Coral Springs, FL. 33067
Tele: (954) 345-1822 Fax: (954) 346-6377 Email: browardtimes@aol.com

July 2, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Corporate Filing, Broward Times, Inc. L89414

To Whom It May Concern,

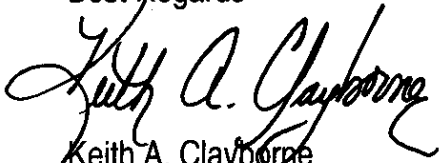
I just received our Uniform Business Report. This is the 'first' notice we have received. We did not receive any prior notice for this report which includes a penalty for late filing. If you will check our records we have never failed to file on time when properly noticed.

The purpose of this letter is to request that the late filing fee be waived since we did not receive prior notice.

We are attaching the original filing fee amount of \$150.00.

We pray that this will be acceptable.

Best Regards


Keith A. Clayborne
President/Corporate Director