

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

03

**DOCUMENT #**

1. Entity Name **BROWARD FOOD & SHACKS, INC**

**L93373**



FILED

03 JUN 11 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**16781 REDWOOD WAY**

**3. Mailing Address**

**16781 REDWOOD WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**WESTON, FL**

**City & State**

**WESTON, FL**

**4. FEI Number**

**65-0234014**

Applied For

Not Applicable

**Zip**

**Country**

**33326**

**USA**

**Zip**

**Country**

**33326**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**Name**

**ERIC ROBLES**

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

**16781 REDWOOD WAY**

**City**

**WESTON**

**FL**

**Zip Code**

**33326**

**DO NOT WRITE  
IN THIS SPACE**

**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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing,  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**DIRECTOR  
ERIC ROBLES  
16781 Redwood Way  
WESTON, FL 33326**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**100020777571  
06/11/03--01048--005 \*\*150.00**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERIC ROBLES 6-3-03**

Date

**954-389-7809**

Daytime Phone #

CR2E034B (12/02)