

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90163 006 ***158.75

DOCUMENT # M56513
 1. Entity Name
METRO-BROWARD CAPITAL CORPORATION

Principal Place of Business Mailing Address
3800 WEST BROWARD BLVD **3800 WEST BROWARD BLVD**
NATIONS BANK BLDG **NATIONS BANK BLDG**
FT LAUDERDALE FL 33312 **FT LAUDERDALE FL 33312**
US **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 **65-0008860**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLAIN, MARC
BANK OF AMERICA BUILDING
3800 WEST BROWARD BLVD
FT. LAUDERDALE FL 33312

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.

SIGNATURE *Marc Villain*
 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 \$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

TITLE **PCEO** ☐ Delete
 NAME **VILLAIN, MARC**
 STREET ADDRESS **6650 GRIFFIN ROAD**
 CITY-ST-ZIP **DAVIE FL**

TITLE **DT** ☐ Delete
 NAME **LAMBERT, LES**
 STREET ADDRESS **ONE FINANCIAL PLAZA, 9TH FLOOR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **1VC** ☐ Delete
 NAME **WALDRON, DONNA**
 STREET ADDRESS **547 NW 9TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **T** ☒ Delete
 NAME **BRENNAN, MARCY**
 STREET ADDRESS **115 SOUTH ANDREWS AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **DS** ☐ Delete
 NAME **CLUTTER, MICHAEL**
 STREET ADDRESS **1 E. BROWARD BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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
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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: *Marc Villain*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/29/02*
 Daytime Phone #

CR2E034 (9/01)