

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-08-2002 90094 016 ****61.25

Doc # **N00000001288**
Entity Name
D.V.I. Solutions of Broward, Inc.

DO NOT WRITE IN THIS SPACE

2 Prim. Place of Bus. **2122 Hollywood Blvd.**
3 Mailing Address
Suite
City + St **Hollywood**
City + State
Zip **33020** County **Broward** Zip County

DO NOT WRITE IN THIS SPACE

FBI **65-1018569**
☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7 Name Address curr Reg. Agent
Name **James D. Haley P.A.**
Street Address (P.O. Box Number is Not Acceptable)
2122 Hollywood Blvd.
City **Hollywood** FL Zip Code **33020**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO James D. Haley 267 Corsair Ave LATS, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A Heather Haley 267 Corsair LATS, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Judy Rushlow 410 2601 E. Oakland Pk Blvd. # 203 Ft. Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Roger G. Stanway 2122 Hollywood Blvd. Hollywood, FL 33020
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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Haley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **954**
Date Daytime Phone #