

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000005187**

1. Entity Name

BROWARD COUNTY CHARGERS INC.

FILED

02 NOV 25 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7809 ALHAMBRA BLVD
MIRAMAR FL 33023

Mailing Address

7809 ALHAMBRA BLVD
MIRAMAR FL 33023

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

65-1072844

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINEARD, FREDDIE L JR
7809 ALHAMBRA BLVD
MIRAMAR FL 33023

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

Freddie L Kineard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KINEARD, FREDDIE L	
STREET ADDRESS	7809 ALHAMBRA BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	VERNON Kineard	
STREET ADDRESS	20014 NW 40 CT	
CITY-ST-ZIP	Miami, FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	STACEY SMITH	
STREET ADDRESS	3378 Whitehead ST	
CITY-ST-ZIP	COCONUT GROVE, FL	
TITLE	ASS. Secretary	<input type="checkbox"/> Delete
NAME	Gerald Kineard	
STREET ADDRESS	21502 NW 192 ECK	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	Audrey Kineard	<input type="checkbox"/> Delete
NAME	7809 ALHAMBRA BLVD	
STREET ADDRESS	MIRAMAR, FL 33147	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Freddie L Kineard

9-11-02

954
303-0826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #