2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2003 8:00 am Secretary of State

DOCUMENT # NO10000 1. Entity Name BROWARD CARNIVAL INC.				02-18-200	3 90090 (0 23 **** 70.	.00	
Principal Place of Business 3878 NW 83RD LANE SUNRIS FL 33351	Mailing Address 3678 NW 83RD LANE SUNRIS FL 33351		The same of the sa					
	3. Mailing Address	× 25	٠. ١					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>/ </u>	34.	-				Di War
Cily & State	City & State			<u> </u>	CHECK HERE	IF MAKING		
Zip Country	ZID AM ARA	Country	FL_	4. FEI Number	01-0629619		Applied Not App	
6. Name and Address of Current Reg	33330	Lus	A	5. Certificate of	Status Desired	¥ \$	8.75 Additions se Required	
	Istered Agent -		Vame	7. Name and Ad	idress of New Re	gistered Ag	ent.	
HARDIAL, DENNIS 3678 NW 83RD LN			 - 					
SUNRISE FL 33351		5	Street Address (F	O. Box Number is	Not Acceptable)			
	•							
The above named entity submits this statement for the the obligations of registered agent.	<u>. </u>		ity		<u> </u>	FL	Zip Code	
GNATURE Signature, typed or printed name of registered agent and title	# applicable. (NOTE:	: Registered Agen	nt signature required w			DATE	ear with, and at	- -
Signature, typed or printed name of registered agent and title FILE NOW: FEE IS \$61.25	9. Election Carry Trust Fund Co	: Registered Agen	at signature required w		Make	DATE Check Pa	nyable to	- -
Signature, typed or printed name of registered agent and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO	9. Election Carry Trust Fund Co	Registered Agen apaign Finance ontribution.	nt signature required with signature required	55.00 May Be	Make Florida	Check Pa Departme	nyable to	-
Signature, typed or printed name of registared agent and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO E E E E E E E E E E E ST-ZIP SUNRISE FL 33351	9. Election Carry Trust Fund Co	: Registored Agen apaign Financ ontribution.	et signature required with sig	hen reinstating)	Make Florida	Check Pa Departme	nyable to	-
SIGNATURE Signature, typed or printed name of registared agent and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO PHARDIAL, DENNIS 3678 NW 83RD LN. SIT-ZIP SUNRISE FL 33351 DS TROPEPE, LESILE	9. Election Carry Trust Fund Co	Pegistored Agen paign Finance politibution. 11. TITLE NAME STREET ADOR	et signature required with sig	55.00 May Be	Make Florida	Check Pa Departme	nyable to interest of State	dition
SIgnature, typed or printed name of registered apert and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO DP HARDIAL, DENNIS 3678 NW 83RD LN. SUNRISE FL 33351 DS TROPEPE, LESILE 1408 SW 82ND AVE NORTH LAUDERDALE FL 33068	9. Election Carry Trust Fund Co	Pegistered Agen paign Finance politibution. 11. TITLE NAME STREET ADOR CITY-ST-ZIP TITLE	et signature required w	55.00 May Be	Make Florida ES TO OFFICERS	Check Pa Departme	nyable to nt of State FORS IN 10 Change	-
GNATURE Signature, typed or printed name of registered agent and title	9. Election Carry Trust Fund Co	Pegistered Agen pagin Finance politibution. 11. TITLE NAME STREET ADOR CITY-ST-ZIP TITLE NAME STREET ADOR CITY-ST-ZIP TITLE TITLE TITLE	et signature required w	55.00 May Be	Make Florida ES TO OFFICERS	Check Pa Departme	nyable to nt of State FORS IN 10 Change	dition
SIGNATURE SIgnature, hyped or phrited name of registared apert and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO OFFICERS A	9. Election Carry Trust Fund Co DRS Delete	Pegistered Agen pagin Finance politibution. 11. TITLE NAME STREET ADOR CITY-ST-ZIP TITLE NAME STREET ADOR CITY-ST-ZIP TITLE NAME NAME	AD AD	55.00 May Be	Make Florida ES TO OFFICERS	Check Pa Departme	nyable to nt of State FORS IN 10 Change	dition
SIGNATURE SIgnature, typed or printed name of registared apent and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO DP HARDIAL, DENNIS 3678 NW 83RD LN. SUNRISE FL 33351 DS TROPEPE, LESILE 1408 SW 82ND AVE NORTH LAUDERDALE FL 33068 PARRELL, UNCOLN 3000 SW 60TH AVE FT LAUDERDALE FL 33314	9. Election Carry Trust Fund Co Delete Delete	Pegistered Agen pagin Finance politibution. 11. TITLE NAME STREET ADOR CITY-ST-ZIP TITLE NAME STREET ADOR CITY-ST-ZIP TITLE TITLE TITLE	AD AD	55.00 May Be	Make Florida ES TO OFFICERS	Check Pa Departme	nyable to nt of State FORS IN 10 Change	dition
SIGNATURE SIgnature, typed or printed name of registared apent and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO DP HARDIAL, DENNIS 3678 NW 83RD LN. SUNRISE FL 33351 DS TROPEPE, LESILE 1408 SW 82ND AVE NORTH LAUDERDALE FL 33068 PARRELL, UNCOLN 3000 SW 60TH AVE FT LAUDERDALE FL 33314	9. Election Carry Trust Fund Co Delete Delete	Pegistored Agen paign Finance contribution. 11. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME SIREET ADDR CITY-SI-ZIP TITLE NAME STREET ADDRE CITY-SI-ZIP TITLE NAME STREET ADDRE CITY-SI-ZIP TITLE	AD AD AD SSS	S.00 May Be dided to Fees DITIONS/CHANGE	Make Florida ES TO OFFICERS	Check Pa Departme	Payable to ant of State FORS IN 10 Change Add Change Add Additional Addit	dition
GNATURE Signature, hyped or printed name of registared apert and title	9. Election Carry Trust Fund Co Delete Delete	Pegistored Agen paign Finance contribution. 11. TITLE MAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE CITY-ST-ZIP	AD AD AD SSS	S.00 May Be dided to Fees DITIONS/CHANGE	Make Florida ES TO OFFICERS	Check Pa Departme	Payable to ant of State FORS IN 10 Change Add Change Add Additional Addit	dition
GNATURE Signature, hyped or phrited name of registared apert and title	9. Election Carny Trust Fund Co DRS Delete Delete Delete	Pegistored Agen paging Finance contribution. 11. TITLE NAME STREET ADOR CITY-ST-ZIP TITLE NAME NAME	AD AD AD SSS	S.00 May Be dided to Fees DITIONS/CHANGE	Make Florida ES TO OFFICERS	Check Pa Departme	Payable to ant of State FORS IN 10 Change Add Change Add Additional Addit	dition
GNATURE Signature, typed or partied name of registated appert and title	9. Election Carry Trust Fund Co Delete Delete	Pegistored Agen paign Finance politibution. 11. TITLE MAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE MAME STREET ADDRE CITY-ST-ZIP TITLE MAME STREET ADDRES CITY-ST-ZIP TITLE MAME STREET ADDRES CITY-ST-ZIP TITLE	AD AD AD SSS	SS.00 May Be dded to Fees	Make Florida ES TO OFFICERS	Check Pa Departme	Payable to ant of State FORS IN 10 Change Additionable	dition
GNATURE Signature, hyped or printed name of registared apert and title	9. Election Carny Trust Fund Co DRS Delete Delete Delete	IPAGISTORED AGEN IPAGISTORED AGEN ITALE MAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	AD	S.00 May Be dided to Fees DITIONS/CHANGE	Make Florida ES TO OFFICERS	Check Par Departme	Payable to ant of State FORS IN 10 Change	dition tion .
GNATURE Signature, typed or partied name of registated appert and title	9. Election Carmy Trust Fund Co	IPAGISTORED AGEN IPAGISTORED AGEN ITILE MAME STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP	AD	S.00 May Be dided to Fees DITIONS/CHANGE	Make Florida ES TO OFFICERS	Check Par Departme	Payable to ant of State FORS IN 10 Change	dition
GNATURE Signature, typed or printed name of registated appert and title	9. Election Carm Trust Fund Co Delete Delete Delete Delete Delete Delete Delete	IPAGISTORED AGEN IPAGISTORED AGEN IPAGISTORED AGEN ITILE MAME STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP ITILE NAME STREET ADORES CITY-ST-ZIP ITILE NAME STREET ADORES CITY-ST-ZIP ITILE NAME STREET ADORES CITY-ST-ZIP ITILE	AD	S.00 May Be dided to Fees DITIONS/CHANGE	Make Florida ES TO OFFICERS	Check Par Departme	Payable to ant of State FORS IN 10 Change	dition
GNATURE Signature, typed or partied name of registared apert and title FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTO E HARDIAL, DENNIS 3678 NW 83RD LN. SUNRISE FL 33351 E TROPEPE, LESILE 1408 SW 82ND AVE NORTH LAUDERDALE FL 33068 TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS	9. Election Carmy Trust Fund Co	IPAGISTORED AGEN IPAGISTORED AGEN ITILE MAME STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP	AD AD AD AD ASS ASS AD AD ASS AS	S.00 May Be dided to Fees DITIONS/CHANGE	Make Florida ES TO OFFICERS	Check Papertme AND DIRECT Colors Co	Payable to ant of State FORS IN 10 Change	dition ion

12, Thereby 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 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 occupancy of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNER QUIRED DENNIS ATURE AND TYPED OR PRINTED NAME OF SIG

9549729628