

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

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

02-18-2003 90090 023 ****70.00

DOCUMENT # N01000006095

1. Entity Name
BROWARD CARNIVAL INC.



Principal Place of Business

**3678 NW 83RD LANE
SUNRISE FL 33351**

Mailing Address

**3678 NW 83RD LANE
SUNRISE FL 33351**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 25342

AMARAC FL

33320

USA

4. FEI Number **01-0629619**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARDIAL, DENNIS
3678 NW 83RD LN
SUNRISE FL 33351**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARDIAL, DENNIS	
STREET ADDRESS	3678 NW 83RD LN.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TROPEPE, LESILE	
STREET ADDRESS	1408 SW 82ND AVE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRELL, LINCOLN	
STREET ADDRESS	3000 SW 60TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
TITLE	PAMELA NARAIN	<input type="checkbox"/> Delete
NAME	2632 NW 65TH AVE	
STREET ADDRESS	MARGATE FL 33063	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE REQUIRED DENNIS. HARDIAL

Date

1/26/03

Daytime Phone #

954 972 9628

CR2E037 (10/02)