

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90009 035 ****61.25

DOCUMENT # NO1000008995

1. Entity Name

BROWARD STORM, INC.

Principal Place of Business

**16742 SW 12TH STREET
 PEMBROKE PINES FL 33028**

Mailing Address

**16742 SW 12TH STREET
 PEMBROKE PINES FL 33028**

2. Principal Place of Business

16742 NW 12TH STREET

3. Mailing Address

16742 NW 12TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0567543

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

SAMUELS, JAY B

16742 SW 12TH STREET

PEMBROKE PINES FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

16742 NW 12TH STREET

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

**After September 13, 2002,
 min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **SAMUELS, JAY B**
 STREET ADDRESS **16742 SW 12TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☒ Change ☐ Addition
 NAME **16742 NW 12TH STREET**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **BARROCAS, BENJAMIN**
 STREET ADDRESS **1487 NW 168TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **ELLENBOGEN, ROBERT**
 STREET ADDRESS **13392 LAKEPOINTE CIR**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SAMUELS, CARYN**
 STREET ADDRESS **16742 NW 12TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **ZAMORA, JUAN**
 STREET ADDRESS **18337 SW 4 STREET**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: **ROBERT ELLENBOGEN**

7/24/02 305-552-5266

CR2E037 (4/02)