

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90061 027 \*\*\*\*61.25

**DOCUMENT # NO1000008995**

1. Entity Name

**BROWARD STORM, INC.**



Principal Place of Business

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

Mailing Address

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

**90023324**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0567543**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NW 12TH STREET  
PEMBROKE PINES FL 33028**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SAMUELS, JAY B	
STREET ADDRESS	16742 NW 12TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARROCAS, BENJAMIN	
STREET ADDRESS	1487 NW 168TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ELLENBOGEN, ROBERT	
STREET ADDRESS	13392 LAKEPOINTE CIR	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUELS, CARYN	
STREET ADDRESS	16742 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANORA, JUAN	
STREET ADDRESS	18337 SW 4TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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:

*ELLENBOGEN*

*ELLENBOGEN*

*2/10/03*

*305-557-5266*

CR2E037 (10/02)