

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

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90155 041 ***61.25

DOCUMENT # N02000006526

1. Entity Name
F.C.T. BROKEN WINGS, INC.



Principal Place of Business
**2880 W OAKLAND PARK BLVD STE 227
OAKLAND PARK FL 33310**

Mailing Address
**2880 W OAKLAND PARK BLVD STE 227
OAKLAND PARK FL 33310**

2. Principal Place of Business
201 NE 33rd Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9367
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
OAKland Park, FL
Zip
33334
Country
USA

City & State
Ft. Lauderdale, FL
Zip
33310
Country
USA

4. FEI Number
14-1848130
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**FABIO, HERBERT
9010 SW 137 AVE
MIAMI FL 33186**

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	D	<input type="checkbox"/> Delete
NAME	ALVIN, EMOGENE W	
STREET ADDRESS	3713 NW 115 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPSHAW, KAREN W	
STREET ADDRESS	P OBX 101208	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, LESLIE	
STREET ADDRESS	1308 SW 9 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVIN, EMOGENE W.	
STREET ADDRESS	201 NE 33rd STREET	
CITY-ST-ZIP	OAKland Park, FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Upshaw, Karen W.	
STREET ADDRESS	201 NE 33rd Street	
CITY-ST-ZIP	OAKland Park, FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Washington, Leslie	
STREET ADDRESS	201 NE 33rd Street	
CITY-ST-ZIP	OAKland Park, FL 33334	
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
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: **KAREN W. UPSHAW** **8.1-03 (954) 630-3733**

CR2E037 (10/02)