FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am **DOCUMENT # N24622 Secretary of State** 1. Entity Name 02-05-2002 90017 048 ****61.25 BROADWAY DANCERS, INC. Principal Place of Business Mailing Address 9631 W. SAMPLE RD 9631 W. SAMPLE RD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0121452 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) POZZUOLI, JOSEPH E. 9631 W. SAMPLE RD **CORAL SPRINGS FL 33065** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE **Change** ☐ Addition NAME POZZUOLI, JOSEPH E. NAME 1730 Vestal Way STREET ADDRESS 9721 N.W. 36 MANOR STREET ADDRESS Corol Spring 71 3307/ CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL TITLE Delete TITLE 1730 Vestal Way coral Springs F1. 3307/ [Ychange Addition] 1730 Vestal Way NAME POZZUOLI, ROSEMARIE STREET ADDRESS STREET ADDRESS 9721 N.W. 30 MANOR CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** - Delete TITLE NAME POZZUOLI, JOSEPH R. NAME corol Springs 71. 3307/ STREET ADDRESS STREET ADDRESS 9721 N.W. 36 MANOR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Delete TITLE TITLE FALCONE, LORRAINE NAME NAME STREET ADDRESS 923 HARBOR INN DRIVE, 9 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **CORAL SPRINGS FL** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an

SIGNATURE PROUIRED ///

address, with all other like

954-753-5480