

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27145

1. Entity Name

PWA COALITION OF BROWARD COUNTY FLORIDA, INC.

Principal Place of Business

2302 NE 7TH AVE
FT LAUDERDALE FL 33305
US

Mailing Address

2302 NE 7TH AVE
FT LAUDERDALE FL 33305-2128
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ROBERT, LEACH, ESQ
1801 NE 8TH ST
FORT LAUDERDALE FL 33304

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ROSENTHAL, ROBERT A
STREET ADDRESS 2041 SW 35 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE PD ☒ Change ☐ Addition
NAME TAMARA KURULA
STREET ADDRESS 1129 NE 16 AVE. #5
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE VPD ☐ Delete
NAME HOUSTON, TOM
STREET ADDRESS 5100 DUPONT BOULEVARD 11-D
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE VPD ☒ Change ☐ Addition
NAME TOM RECCA
STREET ADDRESS 1007 NED HWY #0
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE TD ☐ Delete
NAME MARX, WILLIAM C
STREET ADDRESS 3660 N.E. 1ST TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33334

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

TITLE S ☐ Delete
NAME GRAY, BOBBY
STREET ADDRESS P.O. BOX 30034
CITY-ST-ZIP FT. LAUDERDALE FL 33303

TITLE S ☒ Change ☐ Addition
NAME TOM HOUSTON
STREET ADDRESS 5100 DUPONT BLVD 11-D
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90043 032 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0061779 ☐ Applied For
☐ Not Applicable

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

CR2E037 (9/99)