

1/10/01

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90010 049 \*\*\*\*\*61.25

**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  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0061779

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

Name

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

City

FL

Zip Code

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

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 KURLA, TAMARA  
 STREET ADDRESS 1129 NE 18 AVE #5  
 CITY-ST-ZIP FORT LAUDERDALE FL 33304

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

TITLE VPB ☒ Delete  
 NAME BECCA, TOM  
 STREET ADDRESS 4977 N RED HWY #0  
 CITY-ST-ZIP FORT LAUDERDALE FL 33304

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

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 HOUSTON, TOM  
 STREET ADDRESS 5100 DUPONT BLVD 11D  
 CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

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: *William C Marx*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

954-565-9119

Daytime Phone #

CR2E037 (10/00)