

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41463

1. Entity Name

EXECUTIVES OF BROWARD, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90054 015 ****61.25

Principal Place of Business Mailing Address
P.O. BOX 2341 P.O. BOX 2341
FORT LAUDERDALE FL 33303 FORT LAUDERDALE FL 33303-2341

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311

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 D ☒ Delete
NAME SILVERMAN, FRED
STREET ADDRESS 5713 CORPORATE WAY, STE 200
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE STEVE ROSE ☐ Change ☒ Addition
NAME 150 SW 12 AVE STE 320
STREET ADDRESS POMPANO BEACH FL 33069
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BEE, MARVIN
STREET ADDRESS 1007 N FEDERAL HWY, #260
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ Change ☒ Addition
NAME JAMIE MEEHAN
STREET ADDRESS 901 EAST LAS OLAS BLVD, STE 101
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☒ Delete
NAME HERMAN, MICHELLE
STREET ADDRESS 525 N OCEAN BLVD, STE 1215
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ Change ☒ Addition
NAME SARA LA VALLI
STREET ADDRESS 830 EAST OAKLAND PARK BLVD #101
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE D ☐ Delete
NAME YOUNKER, KURT
STREET ADDRESS 1149 NW 13TH #11
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE D ☒ Delete
NAME LURIE, DIMA
STREET ADDRESS 1040 SE 7TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

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:

MARVIN BEE MARVIN BEE

4/30/00

954-761-1058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)