

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41463

1. Entity Name

EXECUTIVES OF BROWARD, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90722 048 ****61.25

B0122333



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 2341
FORT LAUDERDALE FL 33303

P.O. BOX 2341
FORT LAUDERDALE FL 33303

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ROSE, STEVE	150 SW 12 AVE, STE 320	POMPAHO BEACH FL 33069	<input type="checkbox"/> Delete			
D	BEE, MARVIN	1007 N FEDERAL HWY, #280	POMPAHO BEACH FL	<input type="checkbox"/> Delete			
D	MEEHAN, JAMIE	901 EAST LAS OLAS BLVD, STE 101	FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete			
D	YOUNKER, KURT	1149 NW 13TH #11	BOCA RATON FL 33486	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

CR2E037 (9/01)

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 REQUIRED

4/30/02

954-761-1059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #