

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49433

1. Entity Name

BROWARD BUSINESS AGAINST NARCOTICS AND DRUGS, IN

Principal Place of Business

512 NE THIRD AVE
FT LAUDERDALE FL 33301

Mailing Address

512 NE THIRD AVE
FT LAUDERDALE FL 33301

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

65-0373765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, MICHAEL S
512 NE 3RD AVENUE
512 NE THIRD AVENUE
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **STEPHEN QUEJOR**
Street Address (P.O. Box Number is Not Acceptable)
512 NE 3RD AVENUE
City **FT. LAUDERDALE** FL Zip Code **33301**

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 *Stephen Quejor* **STEPHEN QUEJOR**
(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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PULCINI, FRANK	
STREET ADDRESS	1320 SW 115TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAT DAVALLE	
STREET ADDRESS	N/A CPO BOX	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CENTERA, JOHN	
STREET ADDRESS	10501 NW 50TH STREET, #104	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOATE, DAVID	
STREET ADDRESS	1300 S. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL S. LONG	
STREET ADDRESS	512 NE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHAW, DAN	
STREET ADDRESS	4700 NW 2ND AVE #202	
CITY-ST-ZIP	BOCA RATON FL 33431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN QUEJOR	
STREET ADDRESS	512 NE 3 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN KNOX	
STREET ADDRESS	1 FINANCIAL PLAZA, #2300	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN MEACHAM	
STREET ADDRESS	10371 NW 39 AVE Place	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stephen Quejor* **STEPHEN QUEJOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90020 013 ****61.25



DO NOT WRITE IN THIS SPACE

0044985

CR2E037 (10/00)