

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N93000001041

03-27-2001 90657035****70.00

Broward County Community Development Corporation

FILED

01 MAR 27 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

305 SE 18th Court
Ft. Lauderdale, FL 33316

same

2. Principal Place of Business

3. Mailing Address

305 SE 18th Court
Suite, Apt. #, etc.

305 SE 18th Court
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0407370

Applied For

Not Applicable

Zip

33316

Country

Broward

Zip

33316

Country

Broward

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sharon M. Saunders
305 SE 18th Court
Ft. Lauderdale, FL 33316

Name

Andrew G. Rosenberg

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

Andrew Stuart Asset Mgmt. Group

8751 W. Broward Blvd., S-106

City

Ft. Lauderdale

FL

Zip Code

33324

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

Andrew G. Rosenberg, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEES 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

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☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/21/01

Date

(954) 370-3444

Daytime Phone #

CR2E037 (11/00)

3/30/01