2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600002838

1. Entity Name

BROWARD URBAN RIVER TRAILS INC.



FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90130 032 ****61.25

						COD WE THE						
Principal Place of Business 218 S W 1 AVE FT LAUDERDALE FL 33301			Mailing Address 630 NE 14TH AVE FORT LAUDERDALE FL 33304 US					 	1 1 1114 11 141 11 111		#1 06 1 12128 41	'81 1811 1881
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 65-0675005				plied For t Applicable
Zip	_ Country _ Z			، با سرينسي	intry		-5. Certificate of Status Desired \$8.7			8.75 Add	itional.	
6. Name and Address of Current Regist				red Agent				7. Name and Address of New Registered Agent				
RUDE, JOHN A 630 NE 14TH AVE FORT LAUDERDALE FL 33304						Name Street Address (P.O. Box Number is Not Acceptable)						
			City					FL	Zip Code	9		
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. I am familiar with, and accept the obligations of registered agent. 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 Camp Trust Fund Cor					Contributi	• –		\$5.00 May Be Added to Fees	Florid	ke Check l	nent of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD RUDE, JO 630 NE 14 FORT LAL		<u>-CTORS</u>	□ Delete		ı		ADDITIONS/CHANGE	S TO OFFICE		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD JOHNSON 2210 NE S	, MARY		☐ Delete							Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				for who are position	Change	Addition

I hereby certify that the information supplied with this filling does not quality 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. changed, or on an attachment with an address, 3/24/03

SIGNATURE:

(954) 462-7766