

NA70000001104 ✓

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90031 041 \*\*\*\*66.25

1. Entity Name

**POSITIVE IMAGES OF BROWARD COUNTY, INC.**

Principal Place of Business

2626 W. OAKLAND PARK BLVD.  
 ROOM 206  
 FT. LAUDERDALE FL 33311

Mailing Address

2626 W. OAKLAND PARK BLVD.  
 ROOM 206  
 FT. LAUDERDALE FL 33311

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

**65-0750172**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HODGE-CAREY, ROBIN**  
**2610 W OAKLAND PK BLVD**  
**SUITE 201**  
**FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer</b><br><b>HODGE-CAREY, ROBIN</b><br><b>1941 NE 2ND TERRACE</b><br><b>POMPANO BEACH FL 33060</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BULZACHELLI, DEBORAH BYLE</b><br><b>6441 NW 54TH STREET</b><br><b>LAUDER-HILL FL 33319</b>                       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>HONORAT, ELIZABETH</b><br><b>2424 SUNSHINE BLVD</b><br><b>MIRAMAR FL 33023</b>                                   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice President</b><br><b>BATCHIE, JEAN DADE</b><br><b>525 W DAYTON CIRCLE</b><br><b>FORT LAUDERDALE FL 33312</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>Amy Talisman, Esq.</b><br><b>101 NE 3rd Avenue</b><br><b>Ft. Lauderdale, FL 33311</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary</b><br><b>Brooke Perez, Esq.</b><br><b>101 NE 3rd Avenue</b><br><b>Ft. Lauderdale, FL 33311</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Elaine Black</b><br><b>6015 NW 7th Avenue</b><br><b>Miami, FL 33127</b>                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Laura Hansen</b><br><b>P.O. Box 030177</b><br><b>Ft. Lauderdale, FL 33303</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 Date

Daytime Phone #