

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90272 016 ****61.25

DOCUMENT # N99000000402

1. Entity Name

BROWARD DAYS, INC.

Principal Place of Business

Mailing Address

450 E. LAS OLAS BLVD., STE. 750
 FT. LAUDERDALE FL 33301

450 E. LAS OLAS BLVD., STE. 750
 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

65-0888015

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

7. Name and Address of New Registered Agent

SPAULDING, LINDA R
C/O CONRAD & SCHERER
633 SOUTH FEDERAL HIGHWAY 8 FLOOR
FORT LAUDERDALE FL 33301

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 Delete
 NAME **D**
 STREET ADDRESS **COOKE, LINDA M**
 CITY-ST-ZIP **14070 SW 28 COURT**
FT. LAUDERDALE FL 33328

TITLE Change Addition
 NAME
 STREET ADDRESS **1301 RIVER REACH DR, APT. 303**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE Delete
 NAME **D**
 STREET ADDRESS **PETERSON, BO**
 CITY-ST-ZIP **450 E. LAS OLAS BLVD., STE. 750**
FT. LAUDERDALE FL 33301

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **BOB VAN FLEET**
 CITY-ST-ZIP **600 SAGAMORE RD**
FT. LAUDERDALE, FL 33301

TITLE Delete
 NAME **D**
 STREET ADDRESS **BOYD, KEVIN**
 CITY-ST-ZIP **901 PROGRESSO DR, 2ND FLOOR**
FORT LAUDERDALE FL 33304

TITLE Change Addition
 NAME
 STREET ADDRESS **BOYD**
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ROGERS, ROY**
 CITY-ST-ZIP **1205 ARVIDA PARKWAY, #7**
WESTON FL 33327

TITLE Change Addition
 NAME
 STREET ADDRESS **2200 PARK CENTRAL BLVD NORTH**
 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE Delete Addition
 NAME **D**
 STREET ADDRESS **WILLIAM BUCKNAM**
 CITY-ST-ZIP **201 NO. FEDERAL HWY**
DEERFIELD BEACH, FL 33441

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **ROBERT LEGG**
 CITY-ST-ZIP **1800 N. DOUGLAS RD, SUITE 202**
PEMBROKE PINES, FL 33024

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED (BO PETERSON)

1/8/02

954 462 4807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)