

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90616 022 \*\*\*150.00

**DOCUMENT # P00000027066**

**1. Entity Name**

**DEBE ENTERPRISES OF BROWARD COUNTY, INC.**



**Principal Place of Business**  
**5745 NORTH UNIVERSITY DRIVE**  
**TAMARAC FL 33321**

**Mailing Address**  
**5745 NORTH UNIVERSITY DRIVE**  
**TAMARAC FL 33321**

**2. Principal Place of Business**

**8001 SW 7th Court**

**3. Mailing Address**

**8001 SW 7th Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**N. Lauderdale FL**

**City & State**

**N. Lauderdale FL**

**Zip**

**33068**

**Country**

**BROWARD**

**Zip**

**33068**

**Country**

**BROWARD**

**6. Name and Address of Current Registered Agent**

**CARLE, DEBORAH A**  
**5745 NORTH UNIVERSITY DRIVE**  
**TAMARAC FL 33321**

**7. Name and Address of New Registered Agent**

**Name**

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

**8001 SW 7th Court**

**City**

**N. Lauderdale**

**FL**

**Zip Code**

**33068**

**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**

*Deborah A Carle*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/14/03**

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **CARLE, DEBORAH ANNE**  
**STREET ADDRESS** **8001 SW 7th COURT**  
**CITY-ST-ZIP** **NORTH LAUDERDALE FL 33068**

**TITLE** **D** ☐ Delete  
**NAME** **OVIATT, BEVERLY**  
**STREET ADDRESS** **8001 SW 7th COURT**  
**CITY-ST-ZIP** **N. LAUDERDALE FL 33068**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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 607, 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:**

*Deborah A Carle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03**

Date

**954-722-7918**

Daytime Phone #

CR2E034 (10/02)