

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000096844**1. Entity Name  
3109 BROADWAY CORP.

## Principal Place of Business

1801 S FLAGLER DR #1201

WEST PALM BEACH  
33401

FL

## Mailing Address

1801 S FLAGLER DR #1201

WEST PALM BEACH  
33401

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MICHAEL GABRIEL D  
1801 S FLAGLER DR #1201WEST PALM BEACH  
33401

FL

## 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 \_\_\_\_\_ 04/17/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHAEL JOSEPH BTRES		
STREET ADDRESS	146 7TH AVE		
CITY-ST-ZIP	BROOKLYN NY 11205		
TITLE	V/PR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHAEL JOSEPH AV/PRES		
STREET ADDRESS	617 11TH ST		
CITY-ST-ZIP	BROOKLYN NY 11205		
TITLE	PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHAEL GABRIEL DPRES		
STREET ADDRESS	1801 S FLAGLER ST 1201		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** gabriel d michael

pres

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)