2002 Uniform Business Report (UBR)

SIGNATURE

Mar 27, 2002 8:00 am § P00000106740 DOCUMENT # Secretary of State 1. Entity Name 03-27-2002 90040 035 ***158.75 BROUSSARD INVESTMENTS, INC. Principal Place of Business Mailing Address 2000 NORTH 38TH AVE. 2000 NORTH 38TH AVE. ~~~~~00 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Busine 3. Mailing Address 514 NE 13H STREET 514 NE 1344 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1051300 DAT CAMBERBALE COLT LAUSERDA-LE Not Applicable Zip **33**304 \$8.75 Additional 5. Certificate of Status Desired 33304 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROUSSARD, ROLAND J. Street Address (P.O. Box Number is Not Acceptable) 2000 NORTH 38TH AVE. HOLLYWOOD FL 33021 City Zip Code 8. The above named eprily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. red Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 64ME TITLE □ Defete TITLE Addition Change SAME NAME BROUSSARD, ROLAND J NAME 516 NE 13# STREET 2000 N 38TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-7IP CITY-ST-7IP FORT LAUDERBALE, TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feiver 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 changed, or on an atta-frient with an address, with all other like empowered.

FILED