2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90020 034 ***150.00

0002312

DOCUMENT # P00000112213

1. Entity Name

BROWARD REAL ESTATE CENTER, INC.

751303

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7071 TAFT STREET HOLLYWOOD FL 33024	7071 TAFT STREET HOLLYWOOD FL 33024

2. Principal Place of Business	3. Mailing Address
120 E. OAKLAND PARK BLVD ~~#205~~	
Suite, Apt. #, etc. #105	Suite, Apt. #, etc.
City & State FT. LAUD., FL ~~33334-1106~~	City & State
Zip / Country 33346-1106 USA	Zip / Country

4. FEI Number 65-1071044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, ANGELA M 7071 TAFT STREET HOLLYWOOD FL 33024	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 X Angela M. Clark VICE PRESIDENT ANGELA M. CLARK 4/19/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT/~~DIRECTOR~~ ANGELA M. CLARK 10590 SW 42 CT DAVIE, FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/DIRECTOR ANGELA M. CLARK 10590 SW 42 CT DAVIE, FL 33328 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT/DIRECTOR~~ ~~ROSE MARIE DEFALCO~~ ~~11802 SW 59TH CT~~ ~~COOPER CITY, FL 33330~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR ROSE MARIE DEFALCO 11802 SW 59TH CT COOPER CITY, FL 33330 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GASPAR BROOKS 10056 SW 221 ~~ST~~ STREET MIAMI, FL 33190 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GASPAR BROOKS 10056 SW 221ST STREET MIAMI, FL 33190 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: X Angela M. Clark ANGELA M. CLARK 4/19/01 (954)967-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #