

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052235

1. Entity Name:
BROWARD 200, INC.

Principal Place of Business
3540 FOREST HILL BLVD., STE. 203
WEST PALM BEACH FL 33406

Mailing Address
3540 FOREST HILL BLVD., STE. 203
WEST PALM BEACH FL 33406

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>DENTRY, DEBORAH A 3540 FOREST HILL BLVD., STE. 203 WEST PALM BEACH FL 33406</p>			
7. Name and Address of New Registered Agent			
<p>Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code _____</p>			
4. FEI Number 65-1114460			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			



DO NOT WRITE IN THIS SPACE

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
NAME		President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3540 Forest Hill Blvd # 203	
CITY-ST-ZIP		W Palm Beach FL 33406	
TITLE	NAME	TITLE	NAME
NAME		Vice Pres Sect	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		Deborah A Dentry	
CITY-ST-ZIP		3540 Forest Hill Blvd # 203	
TITLE	NAME	TITLE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (4/02)

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: Deborah A Dentry SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah A Dentry, Vice President

8/27/02

5614334810

Date

Daytime Phone #