

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90079 027 \*\*\*150.00

**DOCUMENT # P01000069891**

1. Entity Name

**BROWARD SPRAY CENTER, INC.**

Principal Place of Business

**4960 SOUTHWEST 52ND STREET, #419  
DAVIE FL 33314**

Mailing Address

**4960 SOUTHWEST 52ND STREET, #419  
DAVIE FL 33314**

2. Principal Place of Business

**4960 SW 52nd St  
Suite, Apt. #, etc.  
#414**

3. Mailing Address

**4960 SW 52nd St  
Suite, Apt. #, etc.  
#414**

City &amp; State

**Davie FL 33314**

City &amp; State

**Davie FL 33314**

4. FEI Number

**65-1123845**

Applied For

Not Applicable

Zip

**33314**

Country

**Broward**

Zip

**33314**

Country

**Broward**5. Certificate of Status Desired ☐**\$8.75** Additional

Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAW, SCOTT****4960 SOUTHWEST 52ND STREET, #419  
DAVIE FL 33314**

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

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, SCOTT</b>	
STREET ADDRESS	<b>4960 SOUTHWEST 52ND STREET, #419</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHEN, WEN</b>	
STREET ADDRESS	<b>4960 SOUTHWEST 52ND STREET, #419</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shaw, Scott</b>	
STREET ADDRESS	<b>4960 Southwest 52nd Street, #414</b>	
CITY-ST-ZIP	<b>Davie, FL 33314</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chen, Wen</b>	
STREET ADDRESS	<b>4960 Southwest 52nd Street, #414</b>	
CITY-ST-ZIP	<b>Davie, FL 33314</b>	
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)