

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90010 049 ***150.00

DOCUMENT # P01000072340

1. Entity Name
REAL ESTATE INFORMATION CENTER OF BROWARD, INC.

Principal Place of Business
~~800 EAST BROWARD BLVD STE 310~~
~~FT LAUDERDALE FL 33301~~

Mailing Address
~~800 EAST BROWARD BLVD STE 310~~
~~FT LAUDERDALE FL 33301~~

2. Principal Place of Business
1600 E. Atlantic Blvd.
 Suite, Apt. #, etc.
Suite 2N

3. Mailing Address
Same as #2
 Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33060

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

~~BISSENETTE, ROBERT P ESQ~~
~~800 EAST BROWARD BLVD STE 310~~
~~FT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent

Name **Vera J. Kelly**
 Street Address (P.O. Box Number is Not Acceptable)
49 S.W. 5th Street
 City **Dania Beach, FL** Zip Code **33004**

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 *Vera J. Kelly* DATE **4/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, VERA J P.O. BOX 535 DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Vera J. Kelly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (954) 943-6722
Date Daytime Phone #

CR2E034 (9/01)