

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-31-2003 90203 046 ***150.00

DOCUMENT # P01000072340

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



Principal Place of Business
**1600 E. ATLANTIC BLVD
STE 2N
POMPANO BEACH FL 33060**

Mailing Address
**1600 E. ATLANTIC BLVD
STE 2N
POMPANO BEACH FL 33060**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

P.O. BOX 535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH

Zip

Country

Zip

Country

33004

BROWARD

4. FEI Number **APPLIED FOR**

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

**KELLY, VERA J
49 S.W. 5TH STREET
DANIA FL 33004**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KELLY, VERA J**
STREET ADDRESS **P.O. BOX 535**
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **VERA J KELLY**

3/13/03

(954) 922-8239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (10/02)