## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P02000002599 **DOCUMENT #**



## **FILED** Apr 09, 2003 8:00 am Secretary of State

BROWARD INVESTORS GROUP, INC.								04-09-2003 90123 046 ***150.00								
Principal Plac C/O RICHAR 701 EAST CO FORT LAUDER	D JAGUSTYN MMERCIAL BI	LVD. #200	Mailing Address C/O RICHARD JAGUSTYN 701 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE FL 33334													
2. Principal F	Place of Busir	ness	3. Mailing Address													
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
City & Stat	te		City & State					4. FEI Number 26–0030656					Applied For Not Applicable			
Zip	Zip Country			Zip Cour			5. Certificate of Status Desired						Fee Required			
				7. Na	me and A	ddress	of New	Registe	red Age	ent		7				
Name								=ALEXANDER_BORNSCHEUER								
1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable) 701 EAST COMMERCIAL BLVD., #200										
TALLAHAS																
						City			DERDA				FL	Zip Cod 33334		]
	named entiti tions of regist	y submits this statement for terect/agent.	or the purpo	ose of changing its re	gietere	d office or	registere -	ed agen	t, or both, ム	in the :		lorida.	I am fam	iliar with,	and accept	
SIGNATURE	Signature, type	or printed name or registered agent	and title if appl	licable. (NOTE:	Registered	Agent signate	ure required	when reins	tating)	7	10		ATE			
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State						9. Elect Trust		mpaign Contribu				May Be I to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADDI	TIONS/CI	HANGE	S TO 0	FFICERS	AND DI	RECTOR	S IN 11	],
NAME - STREET ADDRESS CITY-ST-ZIP	701 EAST	E, MICHAEL COMMERCIAL BLVD. : IDERDALE FL 33334	#200	200 Delete TITI NAI STF			701	Change  XANDER BORNSCHEUER  EAST COMMERCIAL BLVD., #200  T LAUDERDALE, FL 33334						X Addition	00/07/ 70/00	
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12. 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 justee 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:** 

SIGNATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR TUME MEUNC

Daytime Phone #