

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90077 024 \*\*\*150.00

DOCUMENT # P02000010032

1. Entity Name

NETWORK PROFESSIONALS OF CENTRAL  
BROWARD, INC.



**DO NOT WRITE IN THIS SPACE**

90011877

2. Principal Place of Business  
2930 SW 87TH TERRACE

3. Mailing Address  
2930 SW 87TH TERRACE

Suite, Apt. #, etc.  
#1806

Suite, Apt. #, etc.  
#1806

DO NOT WRITE IN THIS SPACE

City & State  
DAVIE, FLORIDA

City & State  
DAVIE, FLORIDA

4. FEI Number  
65-1092007

Applied For  
Not Applicable

Zip  
33328

Country  
US

Zip  
33328

Country  
US

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
BLAIR, LAURENCE I.

Street Address (P.O. Box Number is Not Acceptable)

2021 TYLER STREET

City  
HOLLYWOOD

FL

Zip Code  
33020

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

1/21/03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
D/P/S COHEN, CHARLOTTE  
STREET ADDRESS  
2930 SW 87TH TERRACE #1806  
CITY-ST-ZIP  
DAVIE, FLORIDA 33328

TITLE  
NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Charlotte Cohen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 954-588-4247  
Daytime Phone #

CR2E034B (12/02)