

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000034592

1. Entity Name
BUSINESS BROKERS GROUP, INC.



FILED

03 DEC 18 PM 3:15

Principal Place of Business
8181 N UNIVERSITY DR
TAMARAC, FL 33319

Mailing Address
8181 N UNIVERSITY DR
TAMARAC, FL 33319

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03



2. Principal Place of Business
11001 NW 43RD CT
Suite, Apt. #, etc.
STE. WEST

3. Mailing Address
11001 NW 43RD CT
Suite, Apt. #, etc.
STE. WEST

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL
Zip
33065
Country
USA

City & State
CORAL SPRINGS
Zip
33065
Country
USA

4. FEI Number
32-0040008
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CELESTINO, JUAN D
8181 N UNIVERSITY DR
TAMARAC, FL 33319

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11001 NW 43RD CT STE WEST
City
CORAL SPRINGS FL Zip Code
33065

B. 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]* JUAN D. CELESTINO 4/14/03
(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CELESTINO, JUAN D 8181 N UNIVERSITY DR TAMARAC, FL 33319 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CELESTINO, JUAN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11001 NW 43 RD CT STE WEST CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700025733617 12/23/03--01051--019 **150.00
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
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

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 507, 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]* JUAN D CELESTINO 4/14/03 (954) 227-3602
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)