FILED
Jun 27, 2003 8:00 am
Secretary of State
05-02-2003 90209 038 ***150.00

5/2/

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080000 (2)

55049370

[redacted]

1. Entity Name
BROWARD LAKES ONE MIAMI, INC.

Principal Place of Business	Mailing Address
2500 WESTON RD., SUITE 105 WESTON FL 33326	2500 WESTON RD., SUITE 105 WESTON FL 33326

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1003 Shotgun Rd	1003 Shotgun Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number ☒ 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
~~LEGAL INFORMATION SERVICES, INC.~~ ~~2500 WESTON RD., SUITE 105~~ ~~WESTON FL 33326~~	Name: Fermin Restrepo Street Address (P.O. Box Number is Not Acceptable): 1003 Shotgun Rd. City: Sunrise FL Zip Code: 33326

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] 4/30/07
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 NAME: Fermin Restrepo STREET ADDRESS: 1003 Shotgun Rd CITY-ST-ZIP: Sunrise, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 04/30/03 954 3494769 954-4760813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #