

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90128 042 ***150.00

DOCUMENT # P02000080474

1. Entity Name
FLORIDA REALTY SERVICES OF BROWARD, INC.



Principal Place of Business
6081 RAVENSWICKE TERRACE
DAVIE FL 33331

Mailing Address
6081 RAVENSWICKE TERRACE
DAVIE FL 33331

00000000



2. Principal Place of Business
11555 Heron Bay Blvd

3. Mailing Address
11555 Heron Bay Blvd

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
Coral Springs, Florida

City & State
Coral Springs, Florida

Zip
33076

Country
United States

Zip
33070

Country
United States

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-37060624

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEDNARCZYK, NATACHA
6081 RAVENSWICKE TERRACE
DAVIE FL 33331

7. Name and Address of New Registered Agent

Name
Bednarczyk Natacha
Street Address (P.O. Box Number is Not Acceptable)
6081 Ravenswicke terr
City
DAVIE FL Zip Code
33331

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 Natacha Bednarczyk DATE 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNARCZYK, NATACHA 6081 RAVENSWICKE TERRACE DAVIE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNARCZYK, JAMES E 6081 RAVENSWICKE TERRACE DAVIE FL 33331	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 file empowered.

SIGNATURE:

Natacha Bednarczyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/22/03 (CST) 434-60739
Daytime Phone #

CR2E034 (10/02)