

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000097376

1. Entity Name  
PATRIOT PROPERTIES OF BROWARD, INC.



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

04-28-2003 91633 001 \*\*\*\*\*8.75  
04-28-2003 91633 002 \*\*\*150.00

Principal Place of Business  
2825 N UNIVERSITY DR STE 410  
CORAL SPRINGS FL 33065

Mailing Address  
2825 N UNIVERSITY DR STE 410  
CORAL SPRINGS FL 33065

2. Principal Place of Business  
11910 NW 22ND STREET  
Suite, Apt. #, etc.

3. Mailing Address  
11910 NW 22ND ST  
Suite, Apt. #, etc.

City & State  
PEMBROKE PINES FLORIDA  
Zip  
33026  
Country  
BROWARD

City & State  
PEMBROKE PINES FL  
Zip  
33026  
Country  
BROWARD

4. FEI Number  
5510997916

Applied For  
Not Applicable

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

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

MISAR, DWAYNE E  
2825 N UNIVERSITY DR STE 410  
CORAL SPRINGS FL 33065

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

Name  
PATRICK T. CRUM V.P.  
Street Address (P.O. Box Number is Not Acceptable)  
11910 NW 22ND STREET  
City  
PEMBROKE PINES FL Zip Code  
33026

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 V.P.

DATE  
4/23/03

**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            | <input checked="" type="checkbox"/> Delete |
|-------|--------------------|------------------------------|------------------------|--|
|       | MISAR, DWAYNE E    | 2825 N UNIVERSITY DR STE 410 | CORAL SPRINGS FL 33065 |  |
|       | CRUM, PATRICK T    | 2825 N UNIVERSITY DR STE 410 | CORAL SPRINGS FL 33065 | <input type="checkbox"/> Delete            |
|       | STILLITANO, JOHN P | 2825 N UNIVERSITY DR STE 410 | CORAL SPRINGS FL 33065 | <input type="checkbox"/> Delete            |
|       |                    |                              |                        | <input type="checkbox"/> Delete            |
|       |                    |                              |                        | <input type="checkbox"/> Delete            |
|       |                    |                              |                        | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4/23/03

DAYTIME PHONE #  
954-432-8966

CR2E034 (10/02)