2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

5200 N 37 STREET

P02000129089

Mailing Address

5200 N 37 STREET

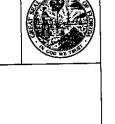
HOLLYWOOD FL 33021

1. Entity Name

BROWARD EXECUTIVE BUILDERS INC



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90067 050 ***150.00



HOLLYWOOD FL 33021 US				US								
2. Principal Pla	ce of Busine	ess	3. Maili	3. Mailing Address								
Suite, Apt. #	, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	El Number	<u></u>		lied For Applicable	
				Zip Coui				4-1859951	¬ \$8.	75 Addit		
Zip	Country			Zip				5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name					
FAŘJI, ISID							Street Address (P.O. Box Number is Not Acceptable)					
3764 NE 20		注										
AVENTURA	FL 33 160						City FL Zip Code					
							red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
8. The above rethe obligation	named entity ons of registe	v submits this state ered agent.	ement for the purp	ose of changing its	register	ed office or re	gistered ag	ent, or boar, in the order or rower			·	
SIGNATURE _	· ·	, , , , , , , , of variet	ered agent and title if app	licable (NO)	E: Register	ed Agent signature	required when r	einstating)	DATE			
		·		include: V				Ţ	·	es 00	0 14 0-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								 9. Election Campaign Finance Trust Fund Contribution. 			May Be to Fees	
Make Check	Payable to	o Florida Depart	ment of State					DDITIONS/CHANGES TO OFFICE	DO AND DIE	RECTORS	IN 11	
10.		OFFICE	RS AND DIRECTO		11.		AI	ODITIONS/CHANGES TO OFFICE		Change	Addition	
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NAME	FARJI, RE				NAI STF	REET ADDRESS						
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CITY-ST-ZIP								<u> </u>		Change	☐ Addition	
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NAME STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP					CI	TY-ST-ZIP				7.0		
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NAME	1					AME						
STREET ADDRESS					- 1	TREET ADDRESS						
CITY-ST-ZIP	cortify that t	he information sur	nalied with this filin	g does not qualify			ed in Sectio	in 119.07(3)(i), Florida Statutes. I fu	rther certify	that the	information	

I nereby certify that the information supplied with this filing opes not qualify for the exemption stated in Section 119.07(3)(1), 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. 2-2-03

SIGNATURE:

Daytime Phone #