

FILED
Jul 02, 2004 8:00 am
Secretary of State

05-05-2004 90227 033 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/5/2

DOCUMENT # P03000050744

1. Entity Name
NORTH BROWARD MEDIATION CENTER, INC.



Principal Place of Business
**2301 W SAMPLE RD BLDG 4 STE 1A
POMPANO BCH, FL 33073**

Mailing Address
**2301 W SAMPLE RD BLDG 4 STE 1A
POMPANO BCH, FL 33073**

66429340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

37-1474453

Not Applicable

Zip

Country

Zip

Country

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

**FISHMAN, ALAN S ESQ.
ALAN FISHMAN & ASSOCIATES, P.A.
2301 W SAMPLE RD BLDG 4 STE 1A
POMPANO BCH, FL 33073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
☐ Delete

**D
FISHMAN, RHONDA E
2301 W SAMPLE RD BLDG 4 STE 1A
POMPANO BCH, FL 33073**

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rhonda E. Fishman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHONDA FISHMAN, D

4/28/04
Date

954-7561
Daytime Phone #

Attorney
ALAN FISHMAN & ASSOCIATES, P.A.
ATTORNEYS AT LAW

66429340

ALAN S. FISHMAN
MARITAL LAW
CRIMINAL LAW
BUSINESS LAW
MICHAEL R. VINES

OF COUNSEL
KENNETH H. TRIBUCH, P.A.

103000050744

2301 WEST SAMPLE ROAD
BUILDING 4, SUITE 1A
POMPANO BEACH, FLORIDA 33073

BROWARD/BOCA RATON (954) 975-7800
PALM BEACH (561) 732-1755
FAX (954) 978-7399

June 10, 2004

Secretary of State
Division of Corporations
P.O. Box #1500
Tallahassee, FL 32302

Re: North Broward Mediation Center, Inc.

Dear Sirs:

Enclosed please find the copy of the UBR with the FEIN added.
Should you have any questions or require any further information, please do not hesitate to
contact this office.

Your courtesy and cooperation is appreciated.

Respectfully,

Alan S. Fishman
Alan S. Fishman, Esq.

ASF:mc
Encl.