

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-02-2002 90119 039 ***150.00

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

DOCUMENT # P 37231

1. Entity Name

Broward National Services, Inc.

DO NOT WRITE IN THIS SPACE

91356

2. Principal Place of Business

2537 SE 10 CT

Suite, Apt. #, etc.

3. Mailing Address ^{9/0}

ED BALESTRIANI COM

Suite, Apt. #, etc.

829 Citrus Tree Dr

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL

City & State
Orange City FL

4. FEI Number
64-0414564

Applied For
Not Applicable

Zip
33062

Country

Zip
32763

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Phillip M Sassoon

Street Address (P.O. Box Number is Not Acceptable)
2564 SE COURT

City Pompano Beach FL Zip Code 33062

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE *Phillip M Sassoon*

5/21/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME PSTO
Louis Rabin
STREET ADDRESS
2537 SE 10 COURT
CITY-ST-ZIP
POMPANO BEACH FL 33062

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Rabin* Louis Rabin 4/19/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)