

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90117 045 ***150.00

0627068 AT

DOCUMENT # P39231

1. Entity Name
BROWARD NATIONAL SERVICES, INC.

(L)
 ✓

Principal Place of Business

P.O. BOX 771582
 STEAMBOAT SPRINGS CO 80477
 US

Mailing Address

P.O. BOX 771582
 STEAMBOAT SPRINGS CO 80477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0414564

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RABIN, LOUIS
2537 SE 10TH CT
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name LOUIS RABIN
 Street Address (P.O. Box Number is Not Acceptable) 2537 SE 10TH COURT
 City POMPANO BEACH FL Zip Code 33062

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 LOUIS RABIN Signature, typed or printed name of registered agent and title if applicable.
Louis Rabin (NOTE Registered Agent signature required when reinstating)
 DATE 6/4/03

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RABIN, LOUIS 2537 SE 10TH CT POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Louis Rabin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/28/03 Daytime Phone # 954-946-4883

CR2E034 (9/01)