

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017920

1. Entity Name

S & R ENTERPRISES OF BROWARD, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90016 019 \*\*\*158.75

Principal Place of Business

Mailing Address

1724 BREAKERS WAY  
FT LAUDERDALE FL 33326  
Weston

1724 BREAKERS WAY  
FT LAUDERDALE FL 33326-2362  
Weston

2. Principal Place of Business

3. Mailing Address

1724 Breakers Way  
Suite, Apt. #, etc.

1724 Breakers Way  
Suite, Apt. #, etc.

City & State

City & State

Weston FL

Weston FL

Zip

Country

Zip

Country

33326

USA

33326

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

00029432

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JULSONNET, ROBERT M  
1724 BREAKERS WAY  
FT LAUDERDALE FL 33326  
Weston

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

SIGNATURE

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)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE P  
NAME JULSONNET, ROBERT M  
STREET ADDRESS 1724 BREAKERS WAY  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME JULSONNET, SHARON K  
STREET ADDRESS 1724 BREAKERS WAY  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

954 384 9023

Daytime Phone #

CR2E034 (9/99)