

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90036 008 ***150.00

CR2E034 (9/01)

DOCUMENT # P93000043853

1. Entity Name
3350 WEST BROWARD CORP.

| | |
|---|---|
| Principal Place of Business 3350 W BROWARD BLVD. FT. LAUDERDALE FL 33312 | Mailing Address 3350 W BROWARD BLVD. FT. LAUDERDALE FL 33312 |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0419096** Applied For
 Not Applicable

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

LAVENDER, JOEL R
~~2000 E LAS OLAS BLVD.~~
~~FT. LAUDERDALE FL 33301~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
507 S.E. 11 CT.
 City **FT. Lauderdale** **FL** Zip Code **33301**

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, 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| | STD RUSSO, FRANK | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 3350 W BROWARD BLVD. | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | | |
| | <input type="checkbox"/> Delete | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | STREET ADDRESS | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | |
| | <input type="checkbox"/> Delete | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | STREET ADDRESS | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | |
| | <input type="checkbox"/> Delete | | |
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| STREET ADDRESS | STREET ADDRESS | | |
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| STREET ADDRESS | STREET ADDRESS | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | |
| | <input type="checkbox"/> Delete | | |

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: *Frank Russo* **4-22-02** **954-584-5270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #