

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 031 ***150.00

DOCUMENT # **P95000056338**

1. Entity Name

XEDlom of Broward, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3280 NE 5th AVE

Suite, Apt. #, etc.

3. Mailing Address

3280 NE 5th AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK, FL

Zip
33334

Country
USA

City & State

OAKLAND PARK, FL

Zip
33334

Country
USA

4. FEI Number

65-0594952

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DARLENE KULAS

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

5007 NW 67th AVE.

City

LAUDERHILL

FL

Zip Code

33319

**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

Darlene Kulas

DARLENE KULAS, PRESIDENT

4/30/02

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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
STREET ADDRESS
CITY - ST - ZIP

**PRESIDENT
DARLENE KULAS
5007 NW 67th AVE.
LAUDERHILL, FL 33319**

TITLE
NAME
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CITY - ST - ZIP

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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)(b), 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

Darlene Kulas

DARLENE KULAS

Date

4/30/02

Daytime Phone #

954-561-2705