

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90166 017 ***150.00

DOCUMENT # P96000041989

1. Entity Name

BROCO CAPITAL CORPORATION

Principal Place of Business

**5371 FISHER ISLAND DR
FISHER ISLAND FL 33109
US**

Mailing Address

**5371 FISHER ISLAND DR
FISHER ISLAND FL 33109
US**

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

88-0304708

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

GUTTENAG, SUSAN B

6404 MACLAURIN AVE

TAMPA FL 33647

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, 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

TITLE	DT	<input type="checkbox"/> Delete
NAME	GUTTENTAG, SUSAN A	
STREET ADDRESS	6404 MACLAURIN DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPELEWITZ, MINDY B	
STREET ADDRESS	269 COGENAUGH RD	
CITY-ST-ZIP	COS COB CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWMAN, ERIC	
STREET ADDRESS	55 E SUPERIOR 3RD FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROSER, DAVID J	
STREET ADDRESS	1700 BROADWAY, STE 1403	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	KANE, BOB	
STREET ADDRESS	1700 BROADWAY, STE 1403	
CITY-ST-ZIP	NY NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROSER, LORI	
STREET ADDRESS	1700 BROADWAY, STE 1403	
CITY-ST-ZIP	NEW YORK NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 amendments, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. KANE

Date

1/23/02

Daytime Phone #

(813) 977-0077

CR2E034 (9/01)