

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

5/5/21

05-05-2003 92211 019 ***150.00

DOCUMENT # P9600058319

1. Entity Name

BREAKERS BILLIARDS OF SOUTH FLORIDA, INC. (4)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8076 W MCNAB RD

Suite, Apt. #, etc.

3. Mailing Address

8076 W. MC NAB RD

Suite, Apt. #, etc.

City & State

N. LAUDERDALE FL

City & State

N. LAUDERDALE FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

65-0690818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HOUSE, CAROLYN R.

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

8076 W. MCNAB RD

City

N. LAUDERDALE

FL

Zip Code

33068

**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

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

(NOTE: Registered Agent's signature required when re-stating).

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

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 PD
HOUSE, CAROLYN
STREET ADDRESS 8076 W. MCNAB RD
CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Chiumento

6-03-03

Date

Daytime Phone #

(954) 721-3990