

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004178

1. Entity Name

BRODERICK MACJOHN, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90214 050 ***150.00

Principal Place of Business

55 WESTON RD
SUITE 323
SUNRISE FL 33326
US

Mailing Address

55 WESTON RD
SUITE 323
SUNRISE FL 33326-1171
US

2. Principal Place of Business

2700 S. COMMERCE PARKWAY
Suite, Apt. #, etc.
SUITE 309

3. Mailing Address

2700 S. COMMERCE PARKWAY
Suite, Apt. #, etc.
SUITE 309

City & State

FORT LAUDERDALE FL

Zip
33331

Country

USA

City & State

FORT LAUDERDALE FL

Zip
33331

Country

USA

4. FEI Number

65-0727115

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

ROGERS, RODNEY J
55 WESTON ROAD
SUITE 323
SUNRISE FL 33326

Name

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

2700 S. COMMERCE PARKWAY
SUITE 309

City FORT LAUDERDALE

FL

Zip Code
33331

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, RODNEY J 2861 HIDDEN HOLLOW LANE DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REID, KEVIN 645 HERITAGE DRIVE FT. LAUDERDALE FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ROSENBLUM, MICHAEL 2759 N.E. 14TH STREET FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL ROSENBLUM 1-7-00 954 626 3503

Date

Daytime Phone #

CR2E034 (9/99)