

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 047 ***150.00

DOCUMENT # P97000014670

1. Entity Name

North Broward Farms, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 W. Commercial Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Zip

33307

Country

Zip

Country

4. FEI Number

65-0735038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Camillo, John

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

1600 W. Commercial Blvd

City

Fort Lauderdale

FL

Zip Code

33309

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

John Camillo

4/10/02

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 \$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

Attached

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 reports 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

Date

Daytime Phone #

Mark Stephenson Pres 4/10/02 954 493 6565

CR2E034B (12/01)

Attachment

NORTH BROWARD FARMS, INC.

851653

P97000014670

ADDITIONAL DIRECTORS AND OFFICERS:

Title: DC
Name: Philip Morgaman
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: DP
Name: Mark Stephenson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D
Name: Neal Nichols
Street Address: 3251 Washington Blvd
City-St-Zip: Arlington, VA 22201

Title: D
Name: John Camillo
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: DV
Name: William Spruce
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D,V,S,T
Name: Don-O'Boyle
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309