

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000023257**

1. Entity Name

PARK CENTRAL SUPPLY, INC.**FILED**
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90003 016 ***150.00

Principal Place of Business

**1580 NW 101 AVE
PLANTATION FL 33322**

Mailing Address

**1580 NW 101 AVE
FORT LAUDERDALE FL 33322**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**BROCCOLI, EDWARD A
1580 N.W. 101 AVE
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/CH	<input type="checkbox"/> Delete
NAME	BROCCOLI, EDWARD A	
STREET ADDRESS	7410 NW 12TH ST	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KATZ-BROCCOLI, SHERYL	
STREET ADDRESS	7410 NW 12TH ST	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

Date

305-884-8363

Daytime Phone #

CR2E034 (5/00)

Attachment
Off # 997000023257
DWL 9884

Park Central Supply, Inc
965 North Nob Hill Road #163
Plantation, FL 33324
(954) 424-5886

July 6, 2000

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

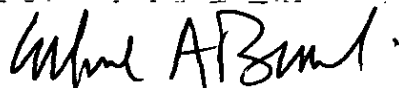
Dear Kristen,

As I explained when we spoke on the phone today, I did not received a file notification prior to the one I received yesterday marked second notice and advising me that the fee was \$550.00.

As per your instructions, enclosed is the completed form along with my check for \$ 150.

Thank you for your help on this matter.

Sincerely,



Edward A. Broccoli
President