

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91590 042 ***150.00

DOCUMENT # P97000023257

1. Entity Name

PARK CENTRAL SUPPLY, INC.

Principal Place of Business

**1580 NW 101 AVE
 PLANTATION FL 33322**

Mailing Address

**965 NORTH NOB HILL RD
 #163
 PLANTATION FL 33324
 US**

2. Principal Place of Business

7300 NW 17th STREET

3. Mailing Address

7300 NW 17th STREET

Suite, Apt. #, etc.

#308

Suite, Apt. #, etc.

#308

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33313

Country

USA

Zip

33313

Country

USA

4. FEI Number

65-0732563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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 **BROCCOLI, EDWARD A.**
 Street **7300 NW 17th STREET #308**
 City **PLANTATION, FL** **FL** Zip Code **33313**

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

EDWARD A. BROCCOLI 4/26/02

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

TITLE ☐ Delete
 NAME **P/CH**
 STREET ADDRESS **BROCCOLI, EDWARD A**
 CITY-ST-ZIP **1580 NW 101 AVE
 PLANTATION FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P/CH**
 STREET ADDRESS **BROCCOLI, EDWARD A**
 CITY-ST-ZIP **7300 NW 17th STREET #308
 PLANTATION, FL 33313**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

EDWARD A. BROCCOLI 4/26/02 533-0582

CR2E034 (9/01)