

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023579

1. Entity Name

BROWARD BUSINESS PROPERTY MANAGEMENT, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90070 036 ***150.00

Principal Place of Business	Mailing Address
3121 W.HALLANDALE BCH BLVD SUITE 102 PEMBROKE PARK FL 33009-5149	3121 W.HALLANDALE BCH BLVD SUITE 102 PEMBROKE PARK FL 33009-5149

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	3121 W. HALLANDALE BCH BLVD SUITE 121

City & State	City & State
	PEMBROKE PARK, FLORIDA
Zip	Country
	33009 US



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0740114	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERKOWITZ, MITCHELL P.A. 2601 N. OCEAN AVENUE SUITE F SINGER ISLAND FL 33404	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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD JAZAYRI, SAM 3121 W. HALLANDALE BCH BLVD., SUITE 102 PEMBROKE PARK FL 33009-5149	
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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: SAM JAZAYRI 3/22/2000 954-981-1154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)