

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90235 003 ***150.00

0114400

DOCUMENT # P97000029973

1. Entity Name

P.C. PROFESSOR OF BROWARD COUNTY, INC.

Principal Place of Business

154 S. FLAMINGO RD.
 PEMBROKE PINES FL 33027
 US

Mailing Address

154 S. FLAMINGO RD.
 PEMBROKE PINES FL 33027
 US

00001098



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 N. HIATUS

Suite, Apt. #, etc.

105

3. Mailing Address

600 N. HIATUS Rd.

Suite, Apt. #, etc.

105

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33026

Country

BROWARD

Zip

33026

Country

BROWARD

4. FEI Number

65-0742149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REBACK, KAREN
 10689 NW 48TH ST.
 CORAL SPRINGS FL 33076

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 \$150.00
After MAY 1, 2001 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 D ☐ Delete
 NAME REBACK, KAREN
 STREET ADDRESS 10689 NW 48TH ST.
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☐ Delete
 NAME LIMBY, ANDRE
 STREET ADDRESS 13801 NW 4TH ST APT 208
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME LIMBY, ANDRE
 STREET ADDRESS 19920 NW 10th St.
 CITY-ST-ZIP PEMBROKE PINES, FL 33029

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

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

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

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 #

CR2E034 (10/00)