

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90111 034 ***150.00

DOCUMENT # P97000048535



1. Entity Name
TWO G'S OF BROWARD INC.

Principal Place of Business
**4300 N UNIVERSITY DRIVE
SUITE A100
LAUDERHILL FL 33351**

Mailing Address
**4300 N UNIVERSITY DRIVE
SUITE A100
LAUDERHILL FL 33351**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0775782**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENFIELD, SAUL
4300 N. UNIVERSITY DRIVE
SUITE A100
LAUDERHILL FL 33351**

Name **JERRY ORLAY**
Street Address (P.O. Box Number is Not Acceptable)
**4300 UNIVERSITY DR
SUITE A 100**
City **LAUDERHILL** **FL** Zip Code **33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JERRY ORLAY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DS	GREENFIELD, SAUL	220 POINCIANA IS. DRIVE	SUNNY ISLE FL 33160	<input checked="" type="checkbox"/>
D	SKIBINSKY, HOWARD	1965 S OCEAN DRIVE	HALLANDALE FL 33309	<input checked="" type="checkbox"/>
P	GOLDSTEIN, ARLENE	220 POINCIANA IS. DRIVE	SUNNY ISLE FL 33160	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PROS	JERRY ORLAY	100 GOLDEN ISLE DR	HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SKIBINSKY ADELE	100 GOLDEN ISLES DR APT 1204	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adelle Skibinsky

Date

Daytime Phone #

(954) 748-5775

CR2E034 (10/02)