

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000079337

1. Entity Name  
BROADWAY PLACE, INC.



FILED

04 OCT 21 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6840 NW 18TH AVE  
MIAMI, FL 33127

Mailing Address  
1921 NW 66 ST  
MIAMI, FL 33147

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



REINSTATEMENT

FEI Number

65-0785382

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WILLIAMS, CUTHBERT  
1921 NW 66 ST  
MIAMI, FL 33169

## 7. Name and Address of New Registered Agent

Name  
CUTHBERT HAREWOOD SR.

Street Address (P.O. Box Number is Not Acceptable)

1921 NW 66 ST

N

City  
MIAMI

FL

Zip Code  
33147

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: *Cuthbert Williams*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/18/04  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
WILLIAMS, CUTHBERT  
1921 NW 66 ST  
MIAMI, FL 33147

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
HAREWOOD, CUTHBERT SR  
1921 NW 66 ST  
MIAMI, FL 33147

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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10/21/04--01033--006 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Harewood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/04 305-696-2232  
Date Daytime Phone #