2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the re-

changed, or on an atta

SIGNATURE:

Mar 22, 2002 8:00 am Secretary of State P97000105187 DOCUMENT # 1. Entity Name BROADLINE PRODUCTS, INC. 03-22-2002 90048 002 ***150.00 Principal Place of Business Mailing Address 1020 NEWPORT CENTER DR WEST 1020 NEWPORT CENTER DR WEST DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0802234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASCH, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 888 E LAS OLAS BLVD **SUITE 210** FT LAUDERDALE FL 33301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition KERENSKY, GERALD NAME NAME 1020 NEWPORT CNTR DR WEST STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BISHOP, ROBERT J NAME NAME STREET ADDRESS 1020 NEWPORT CNTR DR WEST STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LOPEZ, DENNIS A NAME NAME STREET ADDRESS 1020 NEWPORT CNTR DR-WEST - =-STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOUSA, RICHARD NAME NAME 1020 NEWPORT CENTER DR WEST STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-7IP CITY-ST-ZIP ☐ Delete THUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

ver 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 with an address, with all bither like empowered.

Richard SousA 3/8/02

FILED