

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007785

1. Entity Name

BROWARD INTERPRETATION SERVICES, INC.

Principal Place of Business

3450 BLUE LAKE DR., #406D
POMPANO BEACH FL 33064

Mailing Address

3450 BLUE LAKE DR., #406D
POMPANO BEACH FL 33064

2. Principal Place of Business

7349 Viscaya Circle

3. Mailing Address

7349 Viscaya Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate FL

City & State

Margate FL

Zip

33063

Country

USA

Zip

33063

Country

USA

4. FEI Number

65-0807885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNOBRICK, AIMEE
3450 BLUE LAKE DR., #406D
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name Schnobrick, Aimee

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

7349 Viscaya Circle

City Margate

FL

Zip Code

33063

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.

Aimee Schnobrick

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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 PTSD
NAME SCHNOBRICK, TIGE ☐ Delete
STREET ADDRESS 3450 BLUE LAKE DR #406D
CITY-ST-ZIP POMPAN BEACH FL 33064

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD ☒ Change ☐ Addition
NAME Schnobrick, Tige
STREET ADDRESS 7349 Viscaya Circle
CITY-ST-ZIP Margate, FL 33063

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

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

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

4/24/01

Date

(954) 4104-7624

Daytime Phone #

0492517

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE