

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90159 040 ***550.00

DOCUMENT # P98000017684

1. Entity Name

BAR BUILDERS OF BROWARD, INC.

Principal Place of Business

2099 WEST ATLANTIC BLVD.
 POMPANO BEACH FL 33069

Mailing Address

2099 WEST ATLANTIC BLVD.
 POMPANO BEACH FL 33069

2. Principal Place of Business

4100 N. Powerline
 Suite, Apt. #, etc.
A-5 & B-1

3. Mailing Address

4100 N. Powerline
 Suite, Apt. #, etc.
A-5 & B-1

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33073

Country

U.S.A.

Zip

33073

Country

U.S.A.

4. FEI Number

65-0821775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAKOWITZ, ALAN

1111 KANE CONCOURSE STE. 401

BAY HARBOR ISLANDS FL 33154

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **MILLET, RUVAINE**
 STREET ADDRESS **3510 EMERALD POINT DR.**
 CITY-ST-ZIP **HOLLYWOOD FL 33-21**

TITLE **D** ☐ Delete
 NAME **David Winn**
 STREET ADDRESS **714 NE 7th ST**
 CITY-ST-ZIP **Pompano Beach FL 33060**

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
 STREET ADDRESS
 CITY-ST-ZIP

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

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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/02 954-984-8127
 Date Daytime Phone #

CR2E034 (4/02)