2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am **DOCUMENT #** P98000018186 **Secretary of State** 1. Entity Name Broadway Horizons, Inc. 07-19-2001 90235 041 ***550.00 Principal Place of Business Mailing Address 8243 W. Atlantic Blvd. 11224 NW 65th Court Coral Springs, Fl 33071 Parkland, Fl. 33076 ADD78459 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 65-0814524 Applied For Not Applicable Zip Country 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 Amerilawyer Joanne Shultz 343 Almeria Ave Street Address (P.O. Box Number is Not Acceptable) Coral Gables, Fl. 33134 ^{Zip} C8476 Parkland 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME Shelley A. Goldman NAME 4064 NW 62nd Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coral Springs, Fl. TITLE ☐ Delete TITLE Change Addition NAME Joanne Shultz STREET ADDRESS STREET ADDRESS 11224 NW 65th Court CITY-ST-ZIP CITY-ST-ZIP Parkland TITLE TITLE □ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 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 60%, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12

changed, or on an attachment with an address, with all other like emp

SIGNATURE:

Shelley A Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED

da Statutes; and that my name appears in Block 11 or Block 12 if