

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000044530**

1. Entity Name

**BROWARD TRAFFIC PROGRAM, INC.****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90042 036 \*\*\*150.00

Principal Place of Business

**2901 W. OAKLAND PARK BLVD., B10  
OAKLAND PARK FL 33311**

Mailing Address

**2901 W. OAKLAND PARK BLVD., B10  
OAKLAND PARK FL 33311-1238**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0836950**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ESTIME, GILBERT  
444 BRICKELL AVE., SUITE 51-221  
MIAMI FL 33131**

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.

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 \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LAWLER, MARGARITE</b>	
STREET ADDRESS	<b>1425 NE 23 STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PIERRE LOUIS, FREDO</b>	
STREET ADDRESS	<b>2012 NW 11 AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LAMONT, D. GEORGE</b>	
STREET ADDRESS	<b>7515 NW 44 STREET, #102</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BRUGUERA, SONIA</b>	
STREET ADDRESS	<b>2901 WEST OAKLAND PARK BLVD., #B10</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33311</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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

Date

Daytime Phone #

**2-2-00 954-7352255**