

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000044530**

1. Entity Name

**BROWARD TRAFFIC PROGRAM, INC.****FILED****Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90146 039 \*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0836950**

Applied For

Not Applicable

5. 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, 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 **P** ☐ Delete  
NAME **LAWLER, MARGARITE**  
STREET ADDRESS **1425 NE 23 STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**TITLE **VP** ☐ Delete  
NAME **PIERRE LOUIS, FREDO**  
STREET ADDRESS **2012 NW 11 AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**TITLE **S** ☐ Delete  
NAME **LAMONT, D. GEORGE**  
STREET ADDRESS **7515 NW 44 STREET, #102**  
CITY-ST-ZIP **FT. LAUDERDALE**TITLE **T** ☐ Delete  
NAME **BRUGUERA, SONIA**  
STREET ADDRESS **2901 WEST OAKLAND PARK BLVD., #B10**  
CITY-ST-ZIP **OAKLAND PARK FL 33311**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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: *Margarite Lawler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01 954) 735 2255

CR2E034 (10/00)