


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 011 ***150.00

DOCUMENT # P98000044530	
1. Entity Name BROWARD TRAFFIC PROGRAM, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2901 W OAKLAND PARK BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. B-11		Suite, Apt. #, etc.	
City & State OAKLAND PARK, FL		City & State	
Zip 33311	Country BROWARD	Zip	Country

54022140

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
	7. Name and Address of Current Registered Agent			
	Name ESTIME, INC.			
Street Address (P.O.-Box-Number is Not-Acceptable) 444 BRICKELL AVE				
City MIAMI FL Zip Code 33131				

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SONIA BRUGUERA 1601 N E 51 ST FT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGARITE LAWLER 1425 N E 23 ST WILTON MANORS FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FREDO PIERRE-LOUIS 3015 N W 73 AVE SUNRISE, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D GEORGE LAMONT 2901 W OAKLAND PK BLVD B-11 OAKLAND PARK FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margarite Lawler VP* **3-22-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)