

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069393

1. Entity Name

BROAD HORIZONS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90030 034 ***150.00

Principal Place of Business

5201 BLUE LAGOON DR
PENTHOUSE #902
MIAMI FL 33126

change

Mailing Address

13800 S.W. 8TH STREET, BOX 350
MIAMI FL 33184-3032

2. Principal Place of Business

220 N.W. 136th Avenue

Suite, Apt. #, etc.

3. Mailing Address

13800 SW 8th Street

Suite, Apt. #, etc.

350

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

Zip

33182

Country

USA

Zip

33184

Country

USA

4. FEI Number

65-0869458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENT, INC.
2601 S BAYSHORE DR
19TH FLOOR
MIAMI FL 33133

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)

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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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ALCAZAR, PAUL	
STREET ADDRESS	13800 SW 8TH ST., BOX 350	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUZA, LUIS	
STREET ADDRESS	13800 SW 8TH ST., BOX 350	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ BREA, MARCOS H	
STREET ADDRESS	13800 SW 8TH ST., BOX 350	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARZANA, LUIS	
STREET ADDRESS	13800 SW 8TH ST., BOX 350	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, XAVIER L	
STREET ADDRESS	13800 SW 8TH ST., BOX 350	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCAZAR, PAUL	
STREET ADDRESS	13800 SW 8TH ST., BOX 350	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERMAN, WALTER	
STREET ADDRESS	13800 SW 8TH ST., BOX 350	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marlene M. Alcazar	
STREET ADDRESS	13800 SW 8th Street, #350	
CITY-ST-ZIP	Miami, FLORIDA 33184	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

305-552-5897

Daytime Phone #

CR2E034 (9/99)