

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90011 032 ***150.00

CO100491

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>A-000000000</u>	
1. Entity Name <u>BROWARD LAKES BUSINESS VENTURES, INC.</u> <u>P99000D93041</u>	
Principal Place of Business <u>2500 WESTON FL</u> <u>WESTON, FL 33331</u>	
Mailing Address SAME	
Suite, Apt. #, etc. <u>STE. 105</u>	
City & State <u>WESTON</u>	
Zip <u>FL 33331</u>	
Country <u>USA</u>	
4. FEI Number <u>36-4344097</u>	
Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>Same as above</u> <u>Fernan Restrepo</u> <u>2500 Weston Rd Suite 105</u> <u>Weston FL 33331</u>	
7. Name and Address of New Registered Agent Name <u>FERNAN RESTREPO</u> Street Address (P.O. Box Number is Not Acceptable) <u>2500 WESTON RD</u> <u>STE. 105</u> City <u>WESTON</u> FL Zip Code <u>33331</u>	
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 <u>[Signature]</u> <u>Fernan Restrepo</u> <u>4/28/00</u> 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Fernan Restrepo</u> <u>2691 Cypress Lane</u> <u>Weston FL 33332</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Diego Ramirez</u> <u>2500 Weston Rd Weston FL</u> <u>33332</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Fernan Restrepo</u> <u>2500 Weston Rd</u> <u>Weston FL 33332</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Fernan Restrepo</u> <u>2691 Cypress Lane</u> <u>Weston FL 33332</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Diego Ramirez</u> <u>2500 Weston Rd</u> <u>Weston FL 33332</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Fernan Restrepo</u> <u>2691 Cypress Lane</u> <u>Weston FL 33332</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u>[Signature]</u> <u>4/28/00</u> <u>954-599-3376</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone	

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