

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 018 ***150.00

DOCUMENT # **P99000093041** ✓
1. Entity Name
Broward Lakes Business Ventures, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1820 N. Corporate Lakes		3. Mailing Address 1820 N. Corporate Lakes	
Suite, Apt. #, etc. 304		Suite, Apt. #, etc. 304	
City & State Weston, FL		City & State Weston, FL	
Zip 33326	Country USA	Zip 33326	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4344097	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Fernan Restrepo**
Street Address (P.O. Box Number is Not Acceptable)
1820 N. Corporate Lakes # 304
City **Weston** FL Zip Code **33326**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President	NAME Fernan Restrepo
STREET ADDRESS 1820 N. Corporate Lakes #304	
CITY - ST - ZIP Weston FL 33326	
TITLE	
NAME	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 954-3494769

Date

Daytime Phone #