

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91575 025 ***150.00

DOCUMENT # V48565

1. Entity Name

BAKALAR, BROUGH & CHADROW, P.A.

Principal Place of Business

Mailing Address

**2240 SW 70TH AVE., STE. D
 DAVIE FL 33317
 US**

**2240 SW 70TH AVE., STE. D
 DAVIE FL 33317
 US**

80081670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

150 South Pine Island Road

150 South Pine Island Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 540

Suite 540

City & State

City & State

Plantation FL

Plantation FL

Zip

Country

Zip

Country

33324

U.S.

33324

U.S.

4. FEI Number

65-0343072

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

**BAKALAR, SUSAN P.
 2240 SW 70TH AVE
 STE. D
 DAVIE FL 33317**

Name

Street Address (P.O. Box Number is Not Acceptable)

150 South Pine Island Road Suite 540

City

Plantation

State

Zip Code

FL 33324

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: *Susan P. Bakalar*
 Signature typed or printed name of registered agent and title if applicable.

Susan P. Bakalar, President 4/17/02

(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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKALAR, SUSAN	NAME	
STREET ADDRESS	2240 SW 70TH AVE., STE D	STREET ADDRESS	150 South Pine Island Road Suite 540
CITY-ST-ZIP	DAVIE FL	CITY-ST-ZIP	Plantation FL 33324
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Susan P. Bakalar* *Susan P. Bakalar, President 4/17/02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)