

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 206692

1. Entity Name  
ENGLEWOOD, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91064 001 \*3,450.00

Principal Place of Business

Mailing Address

1955 S.W. 50TH AVE.  
FT. LAUDERDALE FL 33317

1955 S.W. 50TH AVE.  
FT. LAUDERDALE FL 33317

71988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-6060180

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

~~WILLIAM DONNER~~  
~~SCHWAB, MICHAEL H~~  
1955 S.W. 50TH AVE.  
FT. LAUDERDALE FL 33317

Name WILLIAM DONNER  
Street Address (P.O. Box Number is Not Acceptable)  
150 S/E 2<sup>ND</sup> AVENUE, SUITE 500  
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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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  
NAME MICHAEL, HENRIETTA  
STREET ADDRESS 3400 S. OCEAN BLVD., #3F  
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE PRES.  
NAME WILLIAM DONNER  
STREET ADDRESS 150 S/E 2<sup>ND</sup> AVENUE, SUITE 500  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE PD  
NAME MICHAEL, I  
STREET ADDRESS 3400 S. OCEAN BLVD., #3F  
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME DONNER, EDWARD  
STREET ADDRESS 3555 S. OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SCHWAB, MICHAEL H  
STREET ADDRESS 1955 S.W. 50TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33317 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)