2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 528541

1. Entity Name

WARSOWE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

2787 E OAKLAND PK BLVD #411 FT. LAUDERDALE FL 33306

2. Principal Place of Business

ANSILL, LEONARD

2787 E OAKLAND PK BLVD #411 FT LAUDERDALE FL 33306

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2313 N ATLANTIC BLVD FT. LAUDERDALE FL 33305-1907

US

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

changed, or on an attachment with an address, with all other

SIGNATURE:

FILED Jan 19, 2000 8:00 am Secretary of State

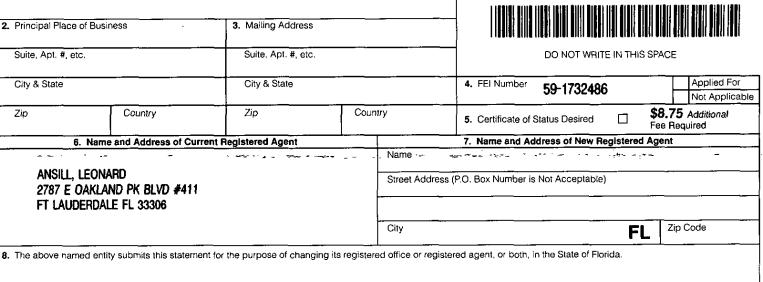
Country

FILE NOW!!! FEE IS \$150.00

Name --

(NOTE: Registered Agent signature required when reinstating)

01-19-2000 90196 037 ***150.00



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Daytime Phone #

9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE ANSILL LEONARD NAME STREET ADDRESS 1044 NE 28TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Delete Addition TITLE ANSILL, LEONARD NAME NAME 1044 NE 28 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL CITY-ST-ZIP ☐ Change Addition Delete TITLE ہے NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F TITLE STREET ADDRESS STREET ADDRESS 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