

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764057

1. Entity Name

POMPANO JWVA #196, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90051 012 ****61.25

Principal Place of Business

Mailing Address

OAKRIDGE-0-233
DEERFIELD BEACH FL 33442
US

OAKRIDGE-0-233
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1839337

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

DATZ, MILDY
OAKRIDGE-R-307
DEERFIELD BCH FL 33442

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DATZ, MILDY
STREET ADDRESS OAKRIDGE-R-307
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE TD ☐ Delete
NAME GIBBS, MIRIAM
STREET ADDRESS 95 OAK RIDGE-H
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE STD ☐ Delete
NAME FRIEDENTAL, FAY
STREET ADDRESS OAKRIDGE-0-233
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Additor

TITLE ☐ Change ☐ Additor

NAME ☐ Change ☐ Additor

STREET ADDRESS ☐ Change ☐ Additor

CITY-ST-ZIP ☐ Change ☐ Additor

TITLE ☐ Change ☐ Additor

NAME ☐ Change ☐ Additor

STREET ADDRESS ☐ Change ☐ Additor

CITY-ST-ZIP ☐ Change ☐ Additor

TITLE ☐ Change ☐ Additor

NAME ☐ Change ☐ Additor

STREET ADDRESS ☐ Change ☐ Additor

CITY-ST-ZIP ☐ Change ☐ Additor

TITLE ☐ Change ☐ Additor

NAME ☐ Change ☐ Additor

STREET ADDRESS ☐ Change ☐ Additor

CITY-ST-ZIP ☐ Change ☐ Additor

TITLE ☐ Change ☐ Additor

NAME ☐ Change ☐ Additor

STREET ADDRESS ☐ Change ☐ Additor

CITY-ST-ZIP ☐ Change ☐ Additor

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #