

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002602
AV

DOCUMENT # **A96000002250**

1. Entity Name

WOLS, LTD.

02 MAY 31 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3400 NE 34 STREET, #101
FORT LAUDERDALE FL 33308**

Mailing Address
**3400 NE 34 STREET, #101
FORT LAUDERDALE FL 33308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0714980**

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

**WOLOFSKY, HOWARD
3400 NE 34TH STREET, #101
FT LAUDERDALE FL 33308**

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

DATE

9. Capital Contributions as Shown on record. **\$2,412,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$20,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000099041**
NAME **EDH CORP.**
STREET ADDRESS **3400 NE 34 STREET, #101**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

STREET ADDRESS

CITY-ST-ZIP

**700005695267--7
-06/06/02--01085--014
****237.50 ****237.50**

DOCUMENT # **P97000016368**
NAME **EDB CORP.**
STREET ADDRESS **3400 NE 34 STREET, #101**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

STREET ADDRESS

CITY-ST-ZIP

**140.00 - 4P
88.75 - Alm
8.75 - Cent**

DOCUMENT #
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **EDH CORP**
SIGNATURE REQUIRED

4/8/02 (454) 568-4118

Date

Daytime Phone #

CP2E003 (9/01)