

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90031 049 \*\*\*150.00

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**DOCUMENT # H32637**

1. Entity Name

**MIDTOWN ENTERPRISES, INC.**

Principal Place of Business

**2293 W 76 STREET  
HIALEAH FL 33016  
US**

Mailing Address

**11672 NW 5TH STREET  
PLANTATION FL 33325  
US**

2. Principal Place of Business

**2293 W 76 Street**

3. Mailing Address

**25 Hendricks Isle #405**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**St. Lauderdale, FL.**

Zip

Country

Zip

Country

**33301**

**USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOODWARD, EDWARD V.  
11672 NW 5TH ST  
PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name **Edward V. Woodward**  
Street Address (P.O. Box Number is Not Acceptable)  
**25 Hendricks Isle**  
**Apt 405**  
City **St. Lauderdale.** FL Zip Code **33301**

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

**Edward V. Woodward, PRES.**

**1-7-02**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>WOODWARD, SHIRLEY</b> <b>11672 NW 5TH ST</b> <b>PLANTATION FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOODWARD, EDWARD V</b> <b>11672 N.W. 5TH STREET</b> <b>PLANTATION FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Edward V. Woodward, PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)