

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90019 007 ***150.00

DOCUMENT # K34602

1. Entity Name

SPEAKEASY ASSOCIATES, INC.

f

Principal Place of Business

% YONA WINER-MC WILLIAM
11690 NW 27TH COURT
PLANTATION FL 33323

Mailing Address

% YONA WINER-MC WILLIAM
11690 NW 27TH COURT
PLANTATION FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0078745

Applied For

Not Applicable

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

WINER-MC WILLIAM
11690 NW 27TH COURT
PLANTATION FL 33323

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D WINER-MC WILLIAM, YONA 11690 NW 27 COURT PLANTATION FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President (V) Iain McWilliam 11690 NW 27 COURT Plantation, FL 33323	<input type="checkbox"/> Change <input checked="" 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
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:

SIGNATURE REQUIRED
YONA WINER-MC WILLIAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/00

954 472-0108

Date

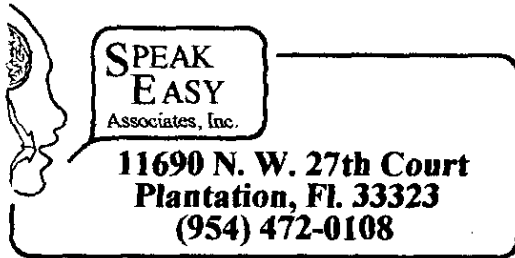
Daytime Phone #

CR2E034 (5/99)

ATTACHMENT

K34602

A0068373



FAX #: (954) 473-0145 Press 1 2 3

7/8/00


Florida Department of State
Division of Corporations

Dear Florida State Representative;

Please note that we never received the First Notice for the filing of the 2000 Uniform Business Report. We normally file on time, upon receipt of the first notice. At this time we received the "Second Notice" with fee penalties.

I am submitting \$150.00 which I understand is the standard fee. I respectfully request that the penalty be waived.

Thank you,


Yong Winer-McWilliam,
President