

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-16-2001 90403 027 ***150.00

DOCUMENT # P00000093801

1. Entity Name
FWLS, INC.



Principal Place of Business
8603 S DIXIE HIGHWAY #407
MIAMI FL 33143

Mailing Address
8603 S DIXIE HIGHWAY #407
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Two Dahn Center, Ph 1A
 Suite, Apt. #, etc.
9130 S. Dadeland Blvd
 City & State
MIAMI FL 33156

3. Mailing Address
Two Dahn Center-Ph 1A
 Suite, Apt. #, etc.
9130 S. Dadeland Blvd
 City & State
MIAMI FL
 Zip
33156
 Country

4. FEI Number
65-1047304

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOODBURY, MICHAEL P
8603 S DIXIE HIGHWAY #407
MIAMI FL 33143

7. Name and Address of New Registered Agent
 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 *Michael Woodbury, President* DATE *4/25/01*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY, MICHAEL		NAME	Michael Woodbury	
STREET ADDRESS	8603 S DIXIE HIGHWAY #407		STREET ADDRESS	9130 S. Dadeland Blvd, Ph 1A	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VTSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, YALE		NAME		
STREET ADDRESS	15320 SW 74 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael Woodbury, President* DATE *4/25/01* DAYTIME PHONE # *305 669 5570*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)