

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90186 001 ***300.00

0052224 AV

DOCUMENT # P00000093801

1. Entity Name
FWLS, INC.



Principal Place of Business
TWO DATRAN CENTER, PH 1 A
9130 S DADELAND BLVD
MIAMI FL 33156

Mailing Address
TWO DATRAN CENTER, PH 1 A
9130 S DADELAND BLVD
MIAMI FL 33156

55056561



2. Principal Place of Business

3. Mailing Address

15320 SW 74 Place PO Box 971391

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1047304**

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

WOODBURY, MICHAEL P
9130 S. DADELAND BLVD.
PH. 1-A
MIAMI FL 33156

Name **Yale Fishman**
Street Address (P.O. Box Number is Not Acceptable)
15320 SW 74 PL
City **Miami** **FL** Zip Code **33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Yale Fishman* **Yale Fishman** **9-9-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODBURY, MICHAEL 9130 S. DADELAND BLVD. PH1-A MIAMI FL 33156	<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	VTSD FISHMAN, YALE 15320 SW 74 PLACE MIAMI FL 33157	<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 checked="" 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
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

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 607, 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: *Yale Fishman* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03 305-216-9999

Date Daytime Phone #

CR2E034 (4/03)

Attachment

Yale J. Fishman

15320 S.W. 74 Place
Miami, Florida 33157

#55056561

Phone: (305) 216-9999

Fax: (305) 259-5014

VIA FAX FED EX

Division of Corporations

September 9, 2003

Re: Uniform Buisness Report 2003

1. N.W. 79 Street Jewelry & Cash, Inc. #H55019
2. FWLS, Inc. #P00000093801

To Whom It May Concern:

Please help me. I sold all the assets of my business and moved off the premises. I also do not receive mail at the law office on FWLS. I did not receive the forms until September 2003 when the new owner forwarded it to me.

I have opened a PO box for the purpose of receiving my mail. I changed the forms to reflect that.

Send correspondence to:

C/o Yale Fishman

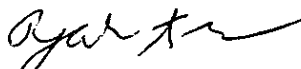
Po Box 971391

Miami, FL 33197

I have enclosed a check for \$300, please accept \$150 for each company, and I promise it will not happen again.

. Please call me at 305-216-9999 if you need further information.

Sincerely,



Yale J. Fishman