

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02 JUN 20 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040991

1. Entity Name

MICHAEL A. WILLIAMS & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
432 NW 21 AVE.

3. Mailing Address
432 NW 21 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number 65-1096202

Applied For
Not Applicable

Zip 33311

Country

Zip 33311

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MICHAEL A. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
432 NW 21 AVE.

City FT. LAUDERDALE

FL

Zip Code 33311

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 X

Michael A. Williams

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-sating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/SECRETARY/TREASURER
MICHAEL A. WILLIAMS
432 NW 21 AVE
FT. LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

JB 6/20

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other persons empowered.

SIGNATURE: X

Michael A. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)