

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-07-2002 90350 044 ***150.00

DOCUMENT # P01000080266

1. Entity Name
MICHAEL WILLIAMS OF SOUTH FLORIDA, INC.

Principal Place of Business
5320 NW 88TH AVE #C204
LAUDERHILL FL 33351

Mailing Address
5320 NW 88TH AVE #C204
LAUDERHILL FL 33351

EE



2. Principal Place of Business
8301 NW 47th Street

Suite, Apt. #, etc.
Lauderhill Florida

City & State
Lauderhill Florida

Zip
33351

Country
Broward

City
FL

Zip Code
33351

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Lauderhill Florida

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FL

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33351

3. Mailing Address
8301 NW 47th Street

Suite, Apt. #, etc.
Lauderhill Florida

City & State
Lauderhill Florida

Zip
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DO NOT WRITE IN THIS SPACE
65-1120789

FEI Number
65-1120789

Applied For
☐ Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE
D
NAME
WILLIAMS, MICHAEL
STREET ADDRESS
5320 NW 88TH AVE #C204
CITY-ST-ZIP
LAUDERHILL FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date Daytime Phone #

CR2E034 (9/01)