FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

05-08-2002 90047 041 ***150.00
09-15-2002 90087 038 ***150.00

DOCUMENT # P01000103729

1. Entity Name
C & W APARTMENTS, INC.
815 N. HOMESTEAD Blvd, #235, HOMESTEAD, FL

DO NOT WRITE IN THIS SPACE

980462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 815 N. HOMESTEAD Blvd	3. Mailing Address: P.O. BOX 901709
Suite, Apt. #, etc.: #235	Suite, Apt. #, etc.: HOMESTEAD
City & State: HOMESTEAD, FL	City & State: FLORIDA
Zip: 33030 Country: USA	Zip: 33090 Country: USA

4. FEI Number: 65-1147290 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: DONALD Wollard
Street Address (P.O. Box Number is Not Acceptable): 815 N. HOMESTEAD Blvd, #235
City: HOMESTEAD **FL** Zip Code: 330 30

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) ☐

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	PSTD	TITLE	
NAME	Wollard, DONALD	NAME	
STREET ADDRESS	815 N. HOMESTEAD Blvd, #235	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
980463
P01000103729

C & W Apartments, Inc.
815 N Homestead Blvd, 235#
Homestead, Florida 33030
Ph# 305-246-0130
Fax: 305-246-0152

Department of State
409 East Gaines Street
Tallahassee, Florida
32399

Re: Uniform Business Report

To Whom it May Concern:

Please find our annual report enclosed. Also – I phoned today because we did not receive the original annual report in the mail and frankly forgot to file. Therefore, I have enclosed $150.00 to renew. In the event this is not correct, please contact me at the above number.

Sincerely,

Don Wollard