

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91439 034 ***150.00

DOCUMENT # P92000015038

1. Entity Name
W-THIRD AVENUE, INC.



Principal Place of Business

Mailing Address

/D. #900
33301

**401 E LAS OLAS BLVD #2200
FT. LAUDERDALE, FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0382827**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORVITZ, DAVID

Name

Street Address (P.O. Box Number is Not Acceptable)

**401 E LAS OLAS BLVD #2200
FT. LAUDERDALE, FL 33301**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	V	<input type="checkbox"/> Delete
NAME	HORVITZ, DAVID W	
STREET ADDRESS	450 E LAS OLAS BLVD #900	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURTON, MELVIN F	
STREET ADDRESS	450 E LAS OLAS BLVD #900	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROTH, LINDA H	
STREET ADDRESS	450 E LAS OLAS BLVD STE 900	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	T	<input type="checkbox"/> Delete
NAME	PUCK, ROBERT J	
STREET ADDRESS	450 EAST LAS OLAS BLVD SUITE 900	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BAKER, VIRGINIA J	
STREET ADDRESS	450 E LAS OLAS BLVD S TE 900	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE DAVID W. HORVITZ

Date

Daytime Phone #

4/10/03

CR2E034 (10/02)