

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028882

1. Entity Name

WELLWOOD ENTERTAINMENT CORPORATION

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90119 035 ***150.00

Principal Place of Business

20889 ST ANDREWS BLVD
5
BOCA RATON FL 33433
US

Mailing Address

20889 ST ANDREWS BLVD
5
BOCA RATON FL 33433-1710
US

2. Principal Place of Business

13344 N.W. 11TH PLACE

3. Mailing Address

13344 N.W. 11TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-0485588

Applied For

Not Applicable

Zip

Country

33323 US

Zip

Country

33323 US

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

GOLDMAN, LAWRENCE M
1570 MADRUGA AVENUE
SUITE 309
CORAL GABLES FL 33146

Name

GOLDMAN, LAWRENCE M

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

13344 N.W. 11TH PLACE

City

SUNRISE

FL

Zip Code

33323

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

LAWRENCE M GOLDMAN *Lawrence M. Goldman* 3/22/00

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)

~~FILE NOW!!! FEE IS \$160.00~~

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, LAWRENCE M		NAME	
STREET ADDRESS	20889 ST ANDREWS BLVD., #5		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

Date

Daytime Phone #

Lawrence M. Goldman LAWRENCE M GOLDMAN 3/22/00 954-846-0408

CR2E034 (9/99)