

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050876

1. Entity Name

P.H.W. SERVICE OF FLORIDA INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90109 009 ***150.00

Principal Place of Business

3116 N FEDERAL HWY
#163
POMPANO BEACH FL 33064
US

Mailing Address

3116 N FEDERAL HWY
#163
POMPANO BEACH FL 33064-6738
US

2. Principal Place of Business

2436 N Fed Hwy
Suite, Apt. #, etc.
163

3. Mailing Address

2436 N Fed Hwy
Suite, Apt. #, etc.
163

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33064

Country

US

Zip

33064

Country

US

4. FEI Number

65-0506857

Applied For

Not Applicable

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

LAPOINTE, GERARD
3116 N FED HWY #163
POMPANO BEACH FL 33064

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

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 \$150.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LAPOINTE, GERARD
3116 N FEDERAL HWY 2436
POMPANO BEACH FL 33064

☐ Delete

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-2000 954 785-
1469

CR2E034 (9/99)