

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000065586**

1. Entity Name

BAGWELL ENTERPRISES, INC.**FILED****Mar 22, 2000 8:00 am**
Secretary of State

03-22-2000 90179 050 ***150.00

Principal Place of Business

Mailing Address

7350 SW 45TH ST.
MIAMI FL 331557350 SW 45TH ST.
MIAMI FL 33155-4542

2. Principal Place of Business

3. Mailing Address

11750 S.W. 95 Ave

11750 S.W. 95 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL

City & State

Miami, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0521575

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

BAGWELL, WILLIAM H
7350 SW 45TH ST.
MIAMI FL 33155

Same →

Name Bagwell, William H.

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

11750 S.W. 95 Ave

City Miami

FL

Zip Code 33176

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

3-20-00

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 State10. 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	P	<input type="checkbox"/> Delete
NAME	BAGWELL, WILLIAM H	
STREET ADDRESS	7350 SW 45TH ST.	
CITY - ST - ZIP	MIAMI FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11750 S.W. 95 Ave
CITY - ST - ZIP	MIAMI, FL

TITLE	S	<input type="checkbox"/> Delete
NAME	BAGWELL, CYNTHIA	
STREET ADDRESS	7350 SW 45TH ST	
CITY - ST - ZIP	MIAMI FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11750 S.W. 95 Ave.
CITY - ST - ZIP	MIAMI FL

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

Cynthia Bagwell Cynthia Bagwell

1-23-00 305-442-2701

CR2E034 (9/99)