

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90050 035 \*\*\*150.00

**DOCUMENT #** P95000053188  
**1. Entity Name** KENWICK INDUSTRIES, INC.  
 P/B/A AMERICAN VIDEO LANGUAGE INSTITUTE

**Principal Place of Business** 660 LINTON BLVD  
 DELRAY BEACH, FL 33445  
 SUITE #102  
**Mailing Address** 660 LINTON BLVD  
 DELRAY BEACH, FL 33445  
 SUITE #102

**2. Principal Place of Business** Suite, Apt. #, etc. 202  
**3. Mailing Address** Suite, Apt. #, etc. 202  
**City & State** DELRAY BEACH, FL  
**City & State** DELRAY BEACH FL 33445  
**Zip** 33445 **Country** USA  
**Zip** 33445 **Country** USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0596319  
**Applied For** ☐ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 HAROLD WEISSMAN, PA  
 1776 N. PINE ISLAND RD.  
 SUITE #118  
 PLANTATION, FL 33322

**7. Name and Address of New Registered Agent**  
**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.** ☐ **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. PRESIDENT OFFICERS AND DIRECTORS**  
**TITLE** KENNETH WULWICK ☐ Delete  
**NAME** 660 LINTON BLVD SUITE 102  
**STREET ADDRESS** DELRAY BEACH, FL 33445  
**CITY-ST-ZIP**  
**TITLE** VICE PRESIDENT ☐ Delete  
**NAME** SHELDON GLICKMAN  
**STREET ADDRESS** 660 LINTON BLVD SUITE #102  
**CITY-ST-ZIP** DELRAY BEACH, FL 33445  
**TITLE** SECRETARY ☐ Delete  
**NAME** MARGARET WABRIDGE  
**STREET ADDRESS** 660 LINTON BLVD SUITE #102  
**CITY-ST-ZIP** DELRAY BEACH, FL 33445  
**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**  
**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TITLE** ☐ Change ☐ 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:**  **4-14-00** **561-278-6090**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)